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ABSTRACT

The handbook describes the speech correction program of the New York City school system (Grades K-12), outlines the duties and responsibilities of the speech teacher, and presents guidelines, resource materials and lesson plans for use with speech handicapped students. Covered in the first three chapters are aspects of program organization (such as screening and diagnosing, referral, and letters to parents); speech therapy procedures (including suggestions for planning the clinical program and a lesson plan outline); and an outline of programs in senior high schools (including testing, selecting cases, and motivation). Provided in Chapter 4 are therapy procedures and lesson plans for correction of the following speech problems: articulatory defects; lisping; lalling; mixed articulatory defects and delayed speech; tongue thrust; problems related to cleft palate, cerebral palsy and hearing loss; cluttering; stuttering; voice disorders, and foreign accents. Appendixes focus on the following topics: forms and letters, a speech therapy program checklist, program implementation, publicity, teaching aids, diagnostic testing, a selected bibliography, and a list of publishers of speech materials. (LS)

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HANDBOOK FOR Speech Correction

Grades K-12

BUREAU OF CURRICULUM DEVELOPMENT
BOARD OF EDUCATION • CITY OF NEW YORK

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FOREWORD

This handbook is a specialized publication designed to meet the needs of teachers of speech improvement and high school teachers of speech who are serving in clinical assignments. Since effective oral communication is essential to one's emotional, social, and psychological development and career choice, and since we live in a speaking world, success in and out of school depends largely upon ease in communicating—the ability to formulate ideas into oral language and to exchange thoughts with others. Instruction and training in this area are especially essential for pupils with clinically diagnosed speech impairment.

The bulletin reflects a philosophy of speech education which regards remedial instruction for speech-impaired pupils in the public school as an integral part of the child's total school experience. It presents basic information for new teachers as well as new approaches and methods that should vitalize the clinical practices of experienced personnel.

EDYTHE J. GAINES
Executive Director

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Sarina Wasserman, Emily Epstein, and Stuart Lehrer, Bureau of Speech Improvement, contributed the drawings.

At the Bureau of Curriculum Development, Edythe Kahn, Editor, was responsible for processing the manuscript. Eleanor Shea, Lillian B. Amdur and Bernard S. Flom did the editing and proofreading, and Joseph Feld, the layout, cover design, and printing production.

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INTRODUCTION

The purposes of this handbook are many: orientation of the speech teacher to the organizational structure of the New York City school system; the spelling out of the duties and responsibilities of the speech teacher; the presentation of guidelines, resource materials, and lesson plans for an effective sequence of therapy and instruction for pupils with speech defects and disorders.

The bulletin illustrates how speech correction practices are carried out in a school setting and how referrals are made for medical, psychological, and other supportive services. The complete therapeutic process is then coordinated by the speech teacher working cooperatively with parents, classroom teachers, and other appropriate professional personnel.

The materials in the handbook range from kindergarten through high school, and the approach to speech activities varies with each age range. In the kindergarten program, the speech service is concerned with speech and language development. On the elementary and middle schools levels, attention is given to continued language development with the emphasis on speech correction in the clinics. The high school program, which also includes speech fundamentals and speech arts, continues corrective work in the speech clinic classes.

In cooperation with the Bureau for Early Childhood Education, the Bureau for Speech Improvement conducts a program of speech therapy and development for pupils in prekindergarten classes in those districts which include the program in their federally funded early childhood proposals. Speech teachers provide individual therapy for pre-kindergarten pupils with severe speech and language disorders and also serve as consultants to classroom teachers in the area of speech and language stimulation.

In the elementary and middle schools, teachers of speech improvement screen, diagnose, and provide therapy for all children who have speech disorders. These teachers also consult with principals and classroom teachers in the developmental speech program, as part of the language

arts curriculum. Programs of speech and language development are in operation in many schools through the use of a cluster teacher licensed in speech. These programs provide classroom instruction in the basic skills of speaking and listening and in the speech arts.

On the senior high school level, teachers of speech are responsible for the discovery, diagnosis, and therapy of all speech-handicapped students. They are, of course, also concerned with the improvement of the speech of all pupils. The normal means of providing such a program is through the speech fundamentals course required in the high schools. Elective courses in speech (public speaking, group discussion, debate, oral interpretation of literature, dramatics, radio, television, and filmmaking) are provided. Electives in speech carry full credit and may be used to fulfill the requirement of four years of English.

Special Services

Not included in this manual are services offered by the Bureau for Speech Improvement. In cooperation with the Bureau for Children with Retarded Mental Development, the Bureau for Speech Improvement conducts a combined program of speech development and speech therapy for retarded children. This program includes teacher training and pupil instruction. Speech teachers assigned to the program give demonstration lessons, workshops, and inservice courses for teachers of children with Retarded Mental Development. Children receive class lessons in speech, and those with speech defects receive individual or group therapy as needed. Each Occupational Training Center for young adult retardates has one full-time speech teacher. A speech consultant serves as part of a team to develop methods and materials for use in the high school CRMD curriculum, which is part of the job training program. The team functions in conjunction with both the high school and job-oriented organizations.

Other services offered by the Bureau for Speech Improvement include Speech Center classes which provide daily therapy for pupils with severe speech disorders. Children who attend these classes transfer from their home school to a Speech Center school.

Children in classes for the neurologically impaired who have severe speech problems, as well as perceptual difficulties, receive weekly lessons given by specially trained speech teachers. The program of teacher

and parent education provides for daily follow-up and reinforcement of this speech work.

Speech clinic services are provided to pupils in some institutional schools, in some schools for the socially maladjusted, in the School for the Deaf, and to aphasic children in the School for Language and Hearing Impaired Children, and their affiliated annexes.

A program similar to the one conducted in public schools is provided in certain nonpublic schools which qualify for federal funding.

Central Office Programs

The Speech Office offers consultation service in speech improvement and speech correction to the general public. Diagnosis and referral are provided for preschool children, children in public schools not serviced by speech improvement teachers, children enrolled in private schools, and children referred for speech diagnosis by speech improvement teachers.

The same service is available to adults who are candidates for teaching and supervisory positions. No candidate is seen, however, after he has been notified to appear for an oral examination or if he plans an appeal. Undergraduates from colleges having organized speech departments are examined only upon written request of the head of the Speech Department.

The Bureau for Speech Improvement offers special conferences to assistant superintendents, principals, classroom teachers, speech teachers, and Parent-Teacher Association members on the child with a speech handicap, on speech in the language arts program, and on speech problems of non-English speakers.

Inservice training courses serve many purposes. An afterschool professional workshop is given to new speech teachers. For all teachers there are courses in the field of speech, courses in administration and supervision of speech education at the appropriate levels, and courses in clinical methods and the various arts at each level of instruction. In addition, speech workshops are conducted for paraprofessionals in various districts.

CHAPTER 1.

Organization of the Program

OBJECTIVES

The primary long-range goal of all speech clinics in our public schools is to develop the child's awareness of a "functional" pattern, one that is consistent and acceptable at any level of social or professional life on which the adult will operate. The speech teacher develops the child's ability to "monitor" and evaluate his own speech. Having received speech lessons for a reasonable length of time, he is able to hear, reject, accept, and correct his own speech with accuracy and confidence. The speech teacher aims to establish permanent and consistently good speech habits through a series of successful speaking situations.

SCREENING AND DIAGNOSING (GRADES K-9)

Procedure

Provide classroom teacher with the Class Screening Form (see page 7) so that he can list students' names in advance. Ask students to sit quietly while each speaks in turn. (Another method may be worked out with the classroom teacher, if desired; however, the group procedure is the quickest.)

It is advisable to consult each classroom teacher regarding the time he prefers to have his class tested. (Each class screening takes about twenty minutes.) If entire grades are to be screened, as in September, when all second-grade classes and incoming junior high classes are screened, it is necessary to ask the principal to notify the teachers of the time screening will occur. When the class has been evaluated, it is wise to discuss

the test findings with the classroom teacher to determine whether the condition observed (especially in voice cases and stuttering) is habitual with the child or peculiar to that day. The following simple diagnostic test may be used in all grades.

Class Testing

1. Complete these sentences:
   My name is _____
   I live at _____
   My teacher's name is _____
   My grade is _____
   My classroom number is _____
   My favorite hobby or sport is _____
   The dish I think most delicious is _____
   My favorite television program is _____

2. Count from 1 through 12.

3. Identify colors: red, orange, yellow, green, blue, purple

Individual Testing

Use a brief diagnostic test, preferably a conversation, supplemented by reading. Keep the interview informal to win the confidence of the pupil. The first diagnostic interview screens only to discover *serious disorders.* In subsequent sessions, both in individual and in group therapy, continue diagnostic procedures to discover the extent of the defect, probable causes, and any additional abnormalities. Note all findings on the cumulative record card. For further screening have the pupil:

a. read a paragraph which contains the phonetic units and pitfall combinations

b. answer questions based on the paragraph to test free speech

c. read a series of sentences to test various speech disorders

d. speak briefly and extemporaneously on sports, hobbies, or class activities

e. use a standardized diagnostic test. (See Appendix VI.)

School _____ Borough _____ Date _____

Class Teacher _____ Grade _____ Room _____ Speech Teacher _____

Please list names of absentees on reverse side.

CLASS SCREENING

Pupil	Defect*	Address	Birthdate & Place	Father's Name	Mother's Name

NOTE: Please record names of the children in your class in alphabetical order. Additional data to be completed only if the child is enrolled for speech therapy.

*1. Stutter 2. Voice 3. Articulation 4. Lingual protrusion
5. Lateral emission 6. Lalling 7. Other

SELECTING CASES

The following priorities are suggested:

1. All stutterers regardless of age. This includes kindergarten and first-grade pupils who are true stutterers.

2. All cleft palate, hearing loss, cerebral palsy, delayed speech, and other severe cases where communication is impaired and speech is unintelligible. (Include kindergarten children with these defects.)

3. All serious voice cases (hoarse, nasal, aphonic) if an otolaryngologist has recommended speech work

4. All lateral and nasal emission lispers

5. All lingual protrusion lispers (*above* the *second* grade)

6. All clutterers, those with infantile perseveration, lallers, and others with defective sound substitution problems (*above* the *second* grade)

7. Foreign-accent pupils who speak English

8. Pupils with minor speech problems if all students listed above have been scheduled.

GROUPING CASES

Ideally, students are grouped homogeneously according to defect and age. When possible, schedule stutterers in homogeneous groups early in the morning or immediately after lunch. Group lateral lispers and reverse swallowers homogeneously. Take foreign accent cases either with a lisping group, a defective articulation group, or a group of lallers, depending on specific problems. (Students who do not understand English are not primarily the responsibility of the speech teacher, but they may be included in the program as soon as they understand enough English to profit from instruction.) Students with voice problems, cleft palate, and/or speech problems related to hearing loss may have to be programed in heterogeneous groups. Schedule students with severe disorders and/or multiple speech handicaps who need individual help at 11:30. Plan for groups of 5 to 7 pupils and make provision for smaller groups as needed. See severe cases twice a week, if possible.

Occasionally, the classroom teacher asks for a change in speech schedule because the time interferes with subjects in which the speech student is weak. The speech teacher adjusts his schedule in each school to fit smoothly into the total program to avoid conflict with any regularly scheduled school activities, such as assembly programs and special reading programs. The following schedule is suggested:

9:00- 9:30 Young stutterers or those with delayed speech
9:30-10:00 L.P. lispers (middle grades)
10:00-10:30 Students with articulatory defects, including lallers
10:30-11:00 Lateral emission lispers
11:00-11:30 Voice cases
11:30-12:00 Individual cases
1:00- 1:30 Stutterers (if any) or L.P. lispers (middle grades)
1:30- 2:00 Lingual protrusion lispers (upper grades)
2:00- 2:30 Students with articulatory defects (upper grades)
2:30- 3:00 Conference period – interviews with parents, teachers, children

Time schedules may vary from school to school because of differences in bell schedules and lunch periods. The speech teacher's program reflects these individual problems. Consult the speech supervisor about individual problems related to scheduling needs in any school.

SPEECH TEACHER'S ROLL BOOK

A record of the speech student's attendance in speech class is noted in the speech teacher's record book. Attendance must be carefully checked against the daily attendance sheets, and unexplained absences must be referred immediately to the appropriate dean. Poor or irregular attendance should be followed up and corrected.

SPEECH TEACHER'S PLAN BOOK

The speech teacher's lesson plans follow department and/or school policies. It is suggested that the plans include the overall organization of clinic classes and the specific lessons taught to individual groups. A typical page might read:

Date: _____ Register: _____

Type of Clinic: Lateral Lisping Room: _____

Teacher: Mr. Jones

1. Review of previous material
2. Aim of lesson
3. Presentation of new material
4. Practice of new material
5. Application of therapeutic techniques to everyday speech
6. Homework assignment (for following week or following lesson)

SPEECH CLINIC RECORD CARD

Accurate up-to-date records are most helpful to the newly appointed teacher of speech. Standardized records for the speech teacher include the Cumulative Speech Clinic Record card, the permanent record card, and the health card. In many schools the permanent records are filed with the classroom teacher or Guidance Department, the health records with the classroom teacher or chairman responsible for speech education in the high school. (See sample of Clinic Record in Appendix I.)

These cards, used in the elementary and intermediate schools, are forwarded to the high school speech personnel when students receiving speech service are graduated. The cards help the chairman and the speech teacher to identify these newly enrolled students and to follow up on previous speech training.

At times it is necessary to request clinical record cards for a child who has entered your program from another school. The form in Appendix I may be reproduced to request such records.

General Directions

The speech teacher requests from the Bureau for Speech Improvement a supply of Cumulative Speech Clinic Record cards on which to record essential information: date of the first interview, type and degree of defect, official class designation, and day and period of speech class, the essentials of parent-teacher interviews.

Confidential data are filed in a secure place.

All cards are kept in the speech room or in the office of the department chairman.

Cards of students discharged as corrected are filed separately.

Cards for graduating students are filed with the pupils' other records in the general office.

At times it is necessary to request clinical record cards for a child who has entered your program from another school. The form in Appendix I may be reproduced to request such records.

REFERRING CASES TO OUTSIDE AGENCIES

All cases considered for outside agencies are first discussed with the supervisor, the *principal*, and the *parent*. The cases are then processed through the *Speech Office*. Regardless of the severity of any pupil's speech problem, referrals are never made directly to any outside agency, clinic, speech school, or private teacher.

> Special Circular No. 25, 1950-1951, dated January 4, 1951, states that "Schools are constantly being circularized by private clinics, doctors, or private teachers of speech correction. No direct referral to these private agencies is to be made by any person in the schools. All inquiries concerning such matters should be referred to the Bureau for Speech Improvement. In schools were there is speech service no child is to be excused during the school day to attend a private clinic." If a pupil attends a speech clinic outside of the school, he should not attend the speech class in his school unless the work is coordinated, and the parent advised accordingly. If a child has attended an outside agency or has been tested by an outside agency, the form on page 173 may be reproduced to request the data. (It is important to remember that a release form from the parent is necessary before the information can be obtained. The form on page 174 should be reproduced.)

REFERRING CASES FOR SPECIAL SERVICES

In processing referrals to a guidance counselor, nurse, doctor, or other special personnel, the form in Appendix I, page 178 may be reproduced.

The following types of referrals are made through the Speech Office with the consent of the parents and the principal:

1. *Hearing Tests.* Call JHS 47M directly and schedule appointment. (The form on page 175 may be reproduced for a hearing examination.)

2. *Laryngoscopical Examination for Voice Disorders.* Obtain required forms from the Speech Office. Fill out in duplicate and return to Speech Office. You will be notified when the examination is scheduled. (This form is reproduced in Appendix I, page 176. It is suggested that the form be sent with the pupil or parent on the day of the examination and then returned to you.)

3. *Emotional and Neurological Evaluations.* The principal of the school can secure psychometric testing and psychiatric diagnosis and referral through district personnel assigned by the Bureau of Child Guidance. He may also refer suspected cases of aphasia and brain injury in the same way.

4. *Medical and Dental Evaluations.* The school doctor and nurse can make referrals for tonsillectomies, adenoidectomies, etc. Severe cases of malocclusion requiring orthodontia should be brought to the attention of the school nurse or dental hygienist for further referral.

5. *Speech Evaluations.* The Bureau maintains a diagnostic and referral service for adults, for children in private or parochial schools, and for preschool children. Regular office hours are held at the Bureau for this purpose; appointments must be made in advance. Requests for diagnosis or speech evaluation for members of school staffs are also referred to the Speech Office. Where there is a question of correct diagnosis, or of parental consent for attendance at speech class, office hours may be arranged. Such cases should *not* be referred to the office, however, until the teacher has taken *all* other necessary steps to solve the problem (e.g., proper referral for medical examination, hearing tests, psychological examinations, etc.) The Bureau should be provided with a complete case history in advance of the appointment date.

REFERRING CASES FOR SPECIAL PROGRAMS

Speech Center

Speech Centers, which offer an opportunity for intensive speech therapy for pupils with severe speech handicaps, are conducted in many school

districts. The purpose of a Center is to provide training for severely speech-handicapped pupils requiring more intensive therapy than can be provided in a weekly clinic program. To be eligible for placement in a Center pupils must:

be severely handicapped in speech (e.g., extreme stuttering, cleft palate, severe hearing loss, delayed speech

be in the normal range of intelligence free from extreme behavior problems, and able to function in an ordinary classroom situation

live in the school district or within range of transportation to the Center.

Consult first with the principal and then with the parents before making a referral to a Speech Center. If both agree to the referral, use the special form provided for this purpose by the Bureau for Speech Improvement. Send it to your supervisor with:

Cumulative speech record card
Cumulative test record
Guidance records or summaries of guidance materials
Health record, agency data, etc.
Any other pertinent material.

After suitable investigation, the supervisor will refer cases to the Speech Center teacher for interview and screening. The decision on the admission of a child to the Speech Center will be made jointly by the principal of the Center school, the Assistant Director of the Bureau in charge of Special Programs, and the Speech Center teacher. (A sample referral form is given in Appendix I, page 179.)

Units for the Orthopedically Handicapped (HC 20)

Units for complete therapy of pupils severely handicapped by cerebral palsy and other severe orthopedic involvements are maintained in several school districts. A speech program is an integral part of the team effort in each unit. Referrals to these units are made by school medical personnel to the Bureau for the Education of the Physically Handicapped.

Speech Programs for CRMD

A program of speech and language development in classes for children of retarded mental development (CRMD) is conducted in most schools.

Accept for clinical help only pupils referred to you by the speech teacher assigned to the CRMD program in your schools. In schools where there is no speech program for CRMD, these pupils are included in your program after consultation with the Coordinator of the Speech Program for CRMD.

LETTERS TO PARENTS

It is advisable for the speech teacher to inform parents of their children's need for remedial speech. (The form letter in Appendix I, page 184, is helpful in communicating with parents.)

To meet the needs of bilingual communities, a form letter is prepared in the parents' native language. Sample letters (see Appendix I, pages 185-191) may be reproduced.

Since it is sometimes necessary to call parents to school for a conference, sample letters for this purpose (in English and in Spanish) are given in Appendix I, page 193. All correspondence to parents should be mailed to the home.

LETTERS TO THE FACULTY

A letter is sent to teachers to inform them that specific students are enrolled in a speech class. (A sample letter is reproduced in Appendix I, page 182.) Note that the letter indicates the importance of the subject or the classroom teacher's involvement in the speech program.

A request for recommendations for speech clinic classes may be made by sending a form letter to the entire faculty. (Sample referral forms are found in Appendix I, page 183.)

DISCHARGE FROM SPEECH CLINIC

Consider a student eligible for discharge when he has the ability to communicate freely and easily and has the ability to produce correctly specific phonetic elements in words, sentences, reading, and free speech. Confer with the classroom teacher to determine whether the corrected speech pattern is habitual. Arrange a series of follow-up interviews for at least six months before final discharge.

CHAPTER 2.

Speech Therapy Procedures

MEETING STUDENTS

Your voice and speech serve as models at all times. Your poised, controlled, enthusiastic, friendly but firm manner indicate that you are well prepared and entirely in charge of the classroom situation. As a clinician, you must be consciously aware of these goals in a remedial speech program:

1. *To foster a desirable climate in which the student is aware of his speech needs.*

   At the first meeting of every clinic class, make sure that each student understands why he was selected for speech class and what he can hope to achieve if he applies himself diligently to the process of speech correction. Error sound sensitivity is a prerequisite for successful therapy.

   Be sure pupils understand the severity of their speech problem and appreciate the value of an improved speech pattern. Useful devices for developing favorable attitudes follow:

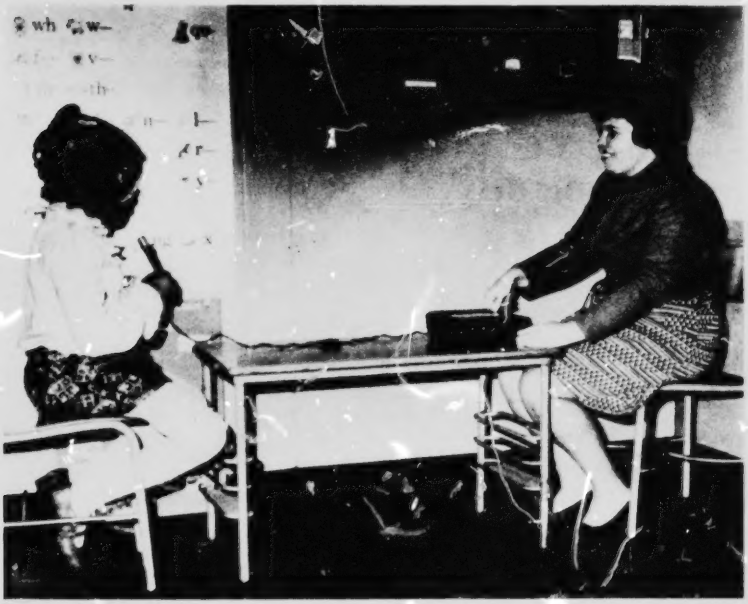
   a. Recordings and films to illustrate good speech patterns in contrast with poor ones (e.g., use of the record "Why Don't the English Learn to Speak?" from *My Fair Lady*)

   b. Discussions centered around the need for good speech in social life, in high school, in adulthood, and in one's career

   c. Progress charts, commendation cards, and other tangible expressions of pupil growth, improvement preparation, and attitude

d. Self-evaluation by pupils using tape recordings, rating charts

The approach to therapy should be governed by a knowledge of where the student is now in speech development. Thus, the clinical program should be started at the point where correction is necessary. It should aim for recognition of the problem and/or sounds which noticeably impair communication and confuse or frustrate the speaker and/or listener.



Using a tape recorder for self-evaluation

2. *To develop and appreciate the value of desirable concomitants of good speech, such as:*

   Attentive listening habits
   Pleasant and audible voice
   Techniques for relaxation of the vocal mechanism and good posture
   Control of the articulators

3. *To provide students with an understanding of speech production.*

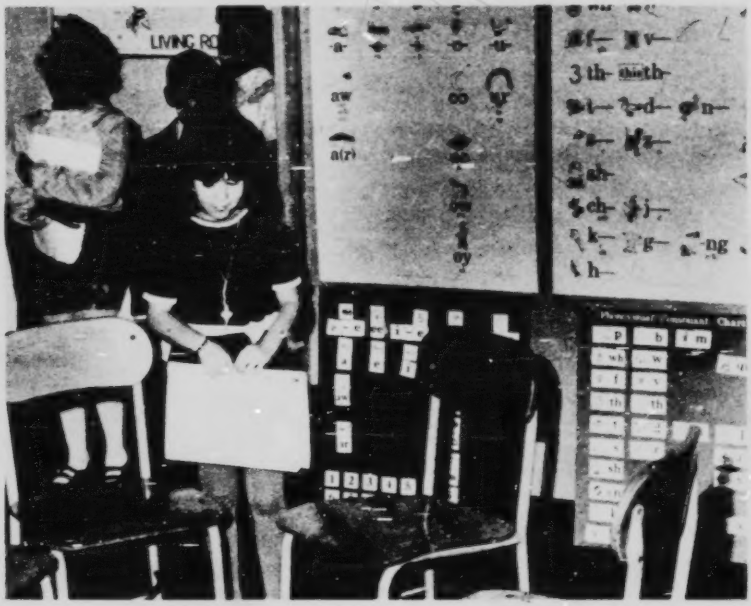
In early lessons, help students understand the complex physical mechanism of speech and appreciate the need for its control. It may therefore be necessary to describe and demonstrate the four physical processes involved in speech production: respiration, phonation, resonance, and articulation. (The details of your explanation will depend on the group's specific needs and abilities.)

Understanding the complex physical mechanism of speech

4. *To establish basic routines necessary for efficient management and maximum pupil participation.* Routines to establish include:

Entering and leaving the speech room in an orderly manner
Taking assigned seats
Responding during roll call
Learning the teacher's name
Distributing and using mirrors
Bringing needed materials—notebook, pencil, homework

Performing monitorial duties
Calling for children
Distributing materials
Cleaning boards
Remembering the day and time of the speech lesson



Establishing routines—children enter speech class in an orderly manner

5. *To help develop in each student a favorable attitude toward the speech program and his participation in the process of self-correction.*

Each student should have specific, desirable, and attainable goals. Rapport and mutual trust are established between the student and teacher. An esprit de corps among the pupils is created. A student must have the security of knowing that his efforts will be received favorably by his classmates. (One way to accomplish this is through the use of a buddy system.) Suggest ways in which students can help one another to improve in speech class and in other classes. In the intermediate school, consulting with youngsters about their programming in an individual conference may prevent initial resistance.

The most critical problem encountered on this level is motivation. Many students who worked well in elementary school develop unfavorable attitudes toward speech when they enter junior high. Some resist attendance at speech class because it singles them out from their classmates or because it takes them from their favorite subjects. Others have been attending speech class for some time and may be bored with remedial and/or repetitious procedures. Still others may associate speech class with elementary school and feel that they are now too sophisticated to attend. Motivation must be superior to counteract such attitudes. To deal with this problem:

a. *Try to avoid competition with other subjects or cocurricular interests.* Program speech during free periods or during minor subjects after consultation with pupils.

b. *Give speech clinic status with adults.* Apprise administrators, teachers, and parents of the importance of speech and its place in the school program. Establish regular lines of communication with administrators, teachers, and parents.

c. *Give speech clinic status with pupils.* Since pupils reflect the attitudes of their peers, speech must also have status among other pupils. This can be achieved by:

   1) Presenting a yearly assembly program or school function sponsored by special students for the entire student body

   2) Calling the clinic a "speech club" and making the room and sessions as attractive as possible

   3) Arranging, with the cooperation of the school administration, to have pupils who have made considerable improvement in the speech clinic assigned to a specific position of trust in the school (e.g., certain monitorial duties involving speech, such as speaking over the public address system).

d. *Be sure pupils understand the purpose of drill. Use drill materials that are related to pupils' needs and interests:* word lists, phrases, sentences, paragraphs selected from pupils' texts, from other subject areas or related to centers of interest such as sports, science, and entertainment media. Place drill materials in a meaningful context. Use practice words in a role-playing activity selected

from social conversation, job-related interviews or activities, class recitations, or oral reports. Use a variety of methods and materials. There is no need for each lesson to be like every other. "Theme centers" to make clinic lessons more attractive may be helpful. For example, clinic lesson material (e.g., word lists) for several weeks would be selected from a theme center such as "The Space Age," "The Pony Express," "Our American Heritage," etc.

e. Vary the format of clinic lessons to prevent boredom. One technique found helpful is to divide the period in half, using the first half for clinic work, the second half for speech club. During the club period utilize group discussions, dramatic activities, reports, and other applied forms of speech for practice. In short, *good teaching is good motivation.* Good teaching in a clinic is creative teaching, employing as many challenging activities as are compatible with technical accuracy in speech production and steady growth in speech improvement.

PLANNING THE CLINICAL PROGRAM

In planning lessons, consider the pupil's specific needs and abilities and provide for meeting these needs. The following questions must be considered: What is a given pupil's organic condition? Does he have any physiological inadequacies or motor ineptitudes? A case history should be developed including chronological age, developmental and maturational levels, evaluation of intelligence, reading grade, and language comprehension. The pupil's ability to respond to stimulation from varying sources and his degree of auditory acuity must be evaluated.

Take into consideration the environmental conditions in which the pupil functions. When a pupil has a serious speech problem, interview one or both parents as early in the term as possible. Consult with classroom teacher and guidance counselor for additional insights into a pupil's background.

A diagnostic test is administered to determine the extent of the pupil's defect. The Goldman-Fristol Test of Articulation and the Fer-Will Object Kit may be borrowed from the Bureau office for this purpose. Results on standardized tests are recorded on the Clinic Record Card.

When these factors have been considered, the teacher must remember that an effective program for changing improper speech habits into acceptable ones demands detailed planning. An effective program also demands that you be flexible enough to make skillful use of any and all

motivational drives to stimulate and sustain the pupil's desire to improve his speech.

It is wise to begin with some overall planning for each group. An understanding of the problems and a conscious awareness of the expected outcomes of the therapy program will help in planning weekly lessons and in selecting materials to reach your ultimate goals. The successful speech teacher utilizes the approach with which he is most comfortable, adapting it to meet the changing needs of his varied speech groups.

The three basic steps of a lesson plan—readiness, direct teaching, and application—must be used. In the elementary school, where the speech period is one-half hour, the time allotment for the three basic steps are:

Readiness—5 to 10 minutes
Direct teaching or presentation of new material—15 to 20 minutes
Application—5 to 10 minutes

In the junior-high school, high school, or elementary schools operating on a 40- or 45-minute period schedule, the same basic steps are timed as follows:

Readiness—5 minutes
Direct teaching—20 to 25 minutes
Application—15 to 20 minutes

Further explanations of these activities follow.

Readiness Activities

The purpose of readiness activities is to prepare the student physically, intellectually, and emotionally for speech correction. Specifically, these activities should develop efficient functioning and automatic control of the speech organs. The speech teacher teaches the basic techniques (relaxation, listening, sound discrimination, etc.) necessary for successful learning of the problem sounds and encourages an understanding of the complex processes involved in sound production. Several different activities explained below fit into the scope of readiness. While all of them may be found in one lesson, especially in the initial units of therapy, later lessons will utilize only those that are pertinent to the needs of the pupils at a specific time.

RELAXATION EXERCISES

Relaxation exercises help body balance, good posture, ease, and coordination of gross body movements. The specific aims of these exercises

are to release tension and to relieve undue strain on the vocal mechanism. Make clear that degrees of tension and relaxation affect the quality of voice and speech. Establish kinesthetic cues conducive to conscious relaxation prior to speech. Above all, a quiet mood and a relaxed climate in the clinic class are necessary.

Children pretending to be trees swaying in the wind: a relaxation exercise

MOTOR EXERCISES

Motor exercises are geared to strengthen the musculature of the articulators. They make the pupil aware of the functions of the speech musculature through imitative, visual, and kinesthetic methods. These activities help to develop accuracy, precision, and speed of muscular activity, and they direct attention to the specific movements of a problem sound. It is necessary to train the pupil to feel the place of action, direction of movement, and the necessary pressure and intensity of muscular activity. Tongue, lip, and jaw exercises enable the student to proceed from consciously directed movements to automatic muscular reflexes made with

economy of effort and attention. Finally, correctly performed motor exercises directly related to the sound under study demonstrate that repetition of successful experiences in muscular control is the most important feature in motor learning and contributes substantially to correct articulation.

BREATH CONTROL AND PHONATION EXERCISES

These exercises aim to increase the power and develop sustained control of outgoing breath. It is important to eliminate breathiness and unnecessary physical movement during respiration. Students with articulatory defects may not need specific training in this area unless they have multiple problems. Breathing exercises are used only in relation to phonation. Exercises designed to develop volume control, clear, resonant tones, and the proper use of the vocal mechanism are used frequently. The speech teacher encourages the development of a pleasing vocal quality. He also demonstrates the impact of good voice quality on the communication of ideas and the expression of mood, feeling, and meaning.

The use of the tape recorder is essential in voice work. Children are made aware of their own voices. This awareness is most effectively accomplished through maximum use of the audio-visual equipment available in each school. A correct and pleasant speech pattern depends on articulation and vocal tone. Since these attributes are interdependent, one is taught without a conscious awareness of the other. Any program to correct articulatory defects includes direct work on phonation. The amount of time devoted to this aspect is determined by the specific needs of the students.

LISTENING ACTIVITIES

Most important in the readiness phase of speech correction is training the student to hear himself as others hear him and to listen with discrimination to others. This goal can be achieved only through a systematically planned program of auditory training. Ear training is used to direct attention to the student's specific needs whether they are articulatory, vocal, or a combination of the two. Some articulatory problems are caused by the pupil's failure to discriminate between the correct pronunciation of a word and his own utterance.

The first task of therapy, then, is to make the student interested in the articulation of others; that is, to make him learn to listen to the exact

sound sequence of words spoken by his speech teacher, friends, and classmates to plant a new and better master pattern in his mind. The student becomes aware of the characteristics of standard sounds in all contexts, in isolation, in nonsense syllables, in words, and in sentences spoken in different types of communication situations. To limit the student's perceptual training to one or two of these would seem faulty. The inconsistency of errors indicates that a wide variety of phonetic approaches is needed to help the student perceive how the sound is spoken. Because it can be difficult to secure the degree of concentrated attention that ear training demands, a variety of techniques are utilized and combined multiple sensory appeals are employed.

A listening activity—"stop" or "go" signs to indicate when children hear the sound produced correctly

Suggested techniques follow:

1. Use colored response cards; have the student hold up a red card if the sound is correct, a blue card if an error is heard.

2. Develop a specific hand signal to indicate that the correct sound is heard.

3. Have student write the sound, make a line, or color a section of a picture each time the sound is correctly produced; have him do something equally specific when an error is heard.

4. Read a sentence or a paragraph containing the sounds to be drilled. Later, after training, a student reads the sentence or paragraph. Students count silently or mark a paper each time they hear the sound they are trying to correct. A second reading may help students check the accuracy of their listening ability. This technique is also useful for heterogeneous articulation groups. Here, each student listens for his own sound.

Drills and exercises for auditory and motor training should be related to the general goals and to the specific aim of the lesson. The exercises must be purposeful, directed to the development of a necessary skill, and easily understood. Drills must be demonstrated with accuracy and controlled and evaluated carefully. Readiness activities must be an integral part of the lesson structure, not an isolated element. The activities must be presented in a manner that clearly demonstrates their relationship to the total speech pattern being developed.

Direct Teaching of Speech Skills

This section of the lesson plan deals directly with the development of the aim of the lesson. The specific techniques vary according to the speech defect. Skills needed by stutterers are different from those needed by students with cerebral palsy or foreign-accent problems. However, there are also common speech skills beneficial to many speech disorders. Learning to produce *th* effectively, for example, develops an articulatory skill upon which later skills are built in a miscellaneous articulation clinic, in a lisping clinic, or in a foreign-accent group. The skills most universally needed by students in our speech clinics are related to the direct teaching of sounds. The teacher must keep in mind, however, that in clinics where articulation problems are not the main concern, other techniques must be used.

Direct Teaching of Sounds

In teaching a given sound, it is necessary, first, to develop auditory awareness and skill in listening with discrimination, and, later, identification and analysis of a sound in isolation.

The teacher demonstrates the place and manner of articulation and sets up simple criteria for learning the sound:

Hear the sound.	Say the sound.
See the sound.	Feel the sound.

Children use mirrors to "see the sound" for self-evaluation

These techniques are supplemented by the use of related devices or materials to stimulate interest, illustrate objectives, and deepen impressions. Such devices and materials are:

1. Auditory—the use of directed, discriminating, and evaluative listening.
2. Visual—pertinent, illustrative pictures, diagrams, charts, and mirrors for self-evaluation
3. Kinesthetic—specific, purposeful involvement of senses of touch and movement.

Provision is made for meaningful individual and group practices based on an understanding of the correlation between drills and the mastery of a specific problem sound. The teacher, in planning for the general needs of the group and the specific needs of the individual, provides an opportunity for each pupil's participation. Drills should proceed from the simple to the more difficult with a deliberate attempt to eliminate old, incorrect habits and to substitute new, correct ones. Finally, guidance and encouragement must come from a sympathetic teacher.

Application of New Learning

Since newly acquired skill in sound production is integrated into meaningful conversation, every speech lesson includes techniques for its application and reinforcement. This is achieved by applying the speech skill to interesting and challenging materials which provide opportunities so that each pupil can test and use his new skill in a more casual, yet controlled, speech setting. He should be provided with a critical evaluation of his performance. This phase of the lesson should be pleasant and should serve as a successful climax growing out of the preliminary activities.

Before planning an appropriate activity for the application of a particular lesson, consider factors such as the pupil's intelligence, his personality, and his degree of motor control and coordination. The application techniques should be clear in purpose and coordination. The application techniques should be clear in purpose with primary emphasis on speech learning. They must be simple and easily understood. Successful techniques include meaningful games, creative dramatics, and other oral language activities that provide for fluent speaking situations. Games, role-playing, or poems must be enjoyable, challenging, and selected with reasonable expectation of success. Poems and stories must be based on the knowledge and appreciation of the students' environment, thus permitting effective correlation with their daily experiences. Assignments for home practice should be based logically upon the application phase of the lesson.

In summary, a typical lesson plan (see sample outline, page 29) for articulation cases includes:

1. Objectives
   a. General goal
   b. Specific aim

2. Materials for instruction
3. A review of previous pertinent lessons
4. Motivation toward improvement
5. Related readiness activities
6. Direct teaching of new skills
   a. Placement
   b. Sound in isolation
   c. Sound in nonsense syllables
   d. Sound in words
   e. Sound in connected speech
7. Application to out-of-class speaking
8. Assignment for home practice

TECHNIQUES FOR GROUP THERAPY

By careful and concentrated self-training, the teacher can learn to "hear individuals" as they recite in the group. Practice will enable him to single out during a voice drill the pupil who fails to achieve. Thus, immediate attention is given to pupils most in need of direct, individualized instruction.

During such instruction, the rest of the group should be *trained* to listen, to point out improvement, to tell what difficulties they notice. Much successful self-correction is the result of concentrated and directed observation of the work of other pupils with similar problems. The wise teacher will find means to lead pupils to become interested in the work of the other members of the group. A brief "That's what you do, Tom," spoken quietly while Mary is demonstrating, or "See how high John gets his tongue tip, Marvin" may be sufficient stimulation to interest the observers. Pupils frequently offer "to show him how to do it." Assistance from competent pupils often expedites the corrective work, for pupils sometimes learn more quickly from their classmates than they do from the teacher.

LESSON PLAN OUTLINE

THEME
AIM
MATERIALS
MOTIVATION
READINESS Review and homework check. Exercises (relaxation, motor).
PRESENTATION OF NEW MATERIAL Analysis and production of new sound or skill. Auditory discrimination. Sound in isolation. Sound in words. Sound in phrases. Sound in sentences. Restate aim.
APPLICATION Oral interpretation of poetry. Role-playing. Pantomime. Dramatics. Choral speaking. Speech game.
HOMEWORK ASSIGNMENT Restate aim.

Vary the devices and procedures to arouse the interest of all pupils in their own activities and those of their peers. To maintain group attention to correction, these techniques are suggested:

1. Rotate pupils as teacher assistants.

Children seated in a semicircular arrangement

2. Rotate pupils as demonstrators for the group after private instruction is offered to perfect techniques.

3. Seat pupils in a semicircle or "U" shape arrangement whenever possible. Make every attempt to have pupils seated so that they can see each other.

4. Arrange to have the class change its position at intervals: standing for some exercises, sitting for other activities, going to the chalkboard to underline sounds or write words, and clapping to count.

5. Use the "buddy system" to focus attention on speaker and listener.

6. Appoint pupils to act as reporters, critics, or "sound engineers" to evaluate pupil performance.

7. Alternate frequently between group, individual, and paired responses.

8. Call for random response rather than participation by seat location.

9. Move around the room as children recite, stopping when necessary to give individual attention or to return a daydreamer to the group. As long as the majority of the class is paying attention and working well, try not to interrupt the lesson for one or two unruly pupils. Instead, stand quietly beside the disruptive student and try to draw him gradually into active participation. See him alone after class. When he conforms, do not refer to past offenses. Praise those who do well and, in general, ignore those who show off. However, if the show-off becomes disruptive, speak to him after class. Never lose your temper before the class.

10. Begin each lesson with a routine: calling the roll and having a response emphasizing a sound being studied, e.g., "Last year I lived on *Thirty-third* Street."
Attention to the ordinary amenities, establishment of courteous modes of teacher-pupil and pupil-pupil communication, and insistence upon good manners help pupils develop the desirable social attitudes which serve both as framework and motivation for necessary instruction in the specific speech skills. The establishment of orderly and meaningful routines aids in the development of feelings of security and belongingness and serves as a time-conserver in the all-too-brief clinic period.

11. Since most pupils have a short attention span, it is better to have three exercises for one skill than to keep at the same exercise for too long a time.

12. Accept and use functionally all legitimate pupil contributions to develop cooperative attitudes and maintain pupil interest.

13. Since children function more effectively in pleasant surroundings, prepare attractive, meaningful visual displays. The Bureau provides

some materials. Many additional suggestions for charts, games, slogans, posters, and other aids are shared at Bureau conferences and meetings.

A well-planned speech room

Successful group therapy depends, in large measure, upon the teacher's careful planning, enthusiastic leadership, friendly guidance and control, and ingenuity *in adapting* to group use the drills, exercises, and other teaching materials suggested in the many available tests and sources.

CHAPTER 3.

Programs in Senior High School

OVERVIEW

The senior high schools of New York City service students from the ninth year through the twelfth year. The main areas in the framework of the speech program are the speech-arts classes, the speech-clinic classes, and a term of speech fundamentals.

The high school speech teacher is prepared to assume a variety of responsibilities. His program may include a speech fundamentals class in any of the terms of high school and/or an elective class in dramatics, public speaking, radio or TV communication. He may be asked to direct a school play, to conduct an assembly program, to supervise the script writing and production of a variety show, to coach student speakers, to prepare contestants for oratorical programs, or to teach special speech classes in the College Bound Program. In addition, he may carry one or more remedial speech classes each day. Speech correction is one of his major responsibilities. In many schools, he is also responsible for the teaching of speech and language to the foreign born.

In some of New York City's academic high schools, Speech Departments are supervised by speech chairmen; in others the Speech and English Departments are combined, and the speech teachers are supervised by English chairmen. In the vocational high schools where frequently only one speech teacher is assigned to a school, the speech teacher is under the supervision of the chairman of academic subjects. Supervisors from the Bureau for Speech Improvement visit schools without speech chairmen to assist in organizing and planning for speech programs.

IDENTIFICATION OF STUDENTS FOR CLINICS

Cumulative Speech Record Cards

One important way to identify prospective speech clinic students is by means of the Cumulative Speech Record Cards. These cards are helpful, for they give a clear picture of the pupils' speech needs. However, one must not rely solely on this means of identifying speech clinic students since these cards do not cover all entering students. If a speech card arrives for a pupil who is not in the school, it is important to return it to the school from which it was sent.

Pupil Transfer Records

A pupil's transfer records provide another means of identifying students for speech clinic classes. Comments made by a student's homeroom teacher may indicate the need for speech help. Such a remark as "Though the pupil is still difficult to understand, he seems to be improving and joins group work more readily" indicates that a student may need help and should be interviewed as soon as possible.

Screening

Many students who need speech help enter high school from private and parochial schools. They may never have had any formal program of therapy. Some students coming from the city schools may have entered the school after screening was completed, or they may have a recently developed problem. To insure the completeness of any screening program, every incoming student is tested. Arrangements for this work will vary in different schools. Some procedures are:

1. Students entering senior high school report for orientation during Regents week or the week following. Speech tests can be given on a specified day. To give these tests, speech teachers may be released from other school assignments. One advantage of this plan is that the routine of the school is not disrupted. However, its disadvantages are many:

   a. The homeroom teachers meeting their new classes on that day must keep their groups busy until the tester arrives.

   b. Tests must be given very quickly because in most schools, even

with a large speech department, each speech teacher must examine three or four classes.

c. The possibility of an error while testing speedily does exist. It is possible for the tester to get a false picture of the pupil's normal speech pattern since the pupil is in a new environment.

2. With the approval of the head of the English Department, arrangements can be made for the *speech teachers* to visit the first and third term English classes for screening after the term has begun. These visits must be made by appointment with the English teacher and may necessitate the use of the speech teacher's administrative period. It is often necessary to rearrange lunch periods. Some appointments may require an exchange of classes between the English and speech teacher. When this occurs, the speech teacher should have a written assignment for his class. The English teacher should be asked to leave a reading or a written assignment for the class so that the room will remain quiet while the testing is in progress. Some advantages of using this type of procedure are: the test is given in familiar surroundings; more time is programed for each group; the consultation with the English teacher can be an aid in diagnosis. A disadvantage of this procedure is that schedules of both English and speech teachers must often be disrupted.

Recommendations from Teachers

If Speech Fundamentals classes are held in the *third* or *fourth* term and are taught by speech teachers, the teachers can schedule screening in the first week of the term. Students with very severe cases are reported to the grade adviser with the request that they be assigned to a clinic class, even though such an assignment may necessitate a change of program. More careful screening can continue during the term, and clinic recommendations can be made early in December or May for the following year. In this way, all pupils in the school may be screened in their sophomore year.

Upper Term Transfers from Other High Schools

Transfer students in upper term classes should also be screened. Each school must choose the plan which best fits its own organization. When a transfer student introduces himself to his grade adviser, he can be sent immediately to the Speech Chairman for a speech test which may be

given at once or by appointment later in the day. A report from the Speech Chairman or a speech teacher who may have been designated for this task should be considered a required part of the student's profile. If this arrangement is *not* a feasible one, a period during the day should be designated for this work. Such an arrangement would be necessary for approximately the first three weeks in the term. After that, individual appointments can be made with the students who enter the school later in the term.

TESTING

Routines

When the speech teacher visits a class, he *introduces* himself to the group and explains why the test is being given. He states the advantages of receiving speech help within the framework of a school program. The speech examiner distributes slips of paper to the students on which they write:

Last Name _____ First Name _____ Off. Class _____

Guidance Adviser's Name _____

Recommendation _____

Testing Teacher's Name _____

The students form lines, one row at a time, and come to the examiner's desk, bringing with them these slips of paper. The student hands the paper to the examiner before he is heard. A written or silent-reading assignment is provided for those who are waiting to be tested or who have already been heard. The examining room is quiet and free from confusion. Each student is asked to *read a paragraph* which contains sounds and combinations of sounds commonly mispronounced by those with various speech deficiencies. This may be all that is needed to indicate an articulatory defect. *Sample* reading materials follow. Similar

testing material can be found in most speech textbooks. Simple sentences with the sounds to be tested can be formulated very easily if the teacher prefers to use his own material. Students return to their seats quietly after they have been tested. For further diagnosis, students give a short, extemporaneous talk on hobbies, sports, or class activities. The speech teacher consults with the English teacher regarding special speech cases he may have observed and arranges for the testing of absentees.

Recommendations are made by the examiner on the slips of paper submitted by each student. The recommendations include a simple diagnosis and the type of clinic to which the student should be assigned. This information is transcribed to school recommendation cards.

Selections for High School Speech Testing

BINGO

Bingo was a poor monkey. His mother was English, and his father had come from the Belgian Congo. Bingo had never enjoyed the pleasure of swinging from tree to tree by his tail, nor had he ever tasted the popcorn and peanuts which his brother in the Bronx Zoo knew as a daily diet. Nevertheless, Bingo had a fine time. He lived in a brownstone house on the corner of Third Avenue and Thirty-third Street. It was an old house, but the owner had installed all modern conveniences, including an oil burner. Whether the weather was bad or not made no difference to Bingo because his home was always warm, and when the government health inspector came on his regular visit, he usually brought Bingo either an apple or some candy.

SUSAN

After writing a letter and studying three arithmetic problems, Susan helped her mother with the housework. She dusted the banisters as she was going upstairs. Then she went to the store to buy some groceries. She asked the prices and bought some oysters and flounders. She also ordered a bottle of olive oil, a jar of clam chowder, a pound of flour, and a can of crushed pineapple. She was the fifth person in the line.

APPLYING FOR A POSITION

The applicant for a position is trying to sell his services, his knowledge, and his ability to fill the position. Often his success

in getting the position depends upon his salesmanship. In his letter and interview with the employer, the applicant must sell his ability.

JUSTICE

We must remember that the right to justice before the law is like the right to free speech, free press, free religion, and free public meeting in that it must be guaranteed to those we dislike as well as those we like. We must be alert to be sure that hatred does not crush our desire for fair play.

THE CIRCUS

When the circus comes to town, everybody turns out. The children like to join in the parade, marching after the big drum, hanging on the elephant's tail, and laughing at the antics of the clowns. Fashionable people pretend to be bored as the fat lady rides by on the great white horse. But the crowd applauds the lion tamer and shouts with excitement when the big beast roars.

ARTHUR THE RAT

Once there was a young rat named Arthur who could never make up his mind. Whenever his friends asked him if he would like to go out with them, he would only answer, "I don't know." He wouldn't say either yes or no. He would always shirk making a choice. His Aunt Helen said to him, "Now look here. No one is going to care for you if you carry on like this. You have no more mind than a blade of grass."

Individual Testing and Diagnosis

It is very helpful to get a second opinion on doubtful cases. In an individual interview, informal conversation outside of the classroom situation is more likely to win the confidence of the student. Talking about such topics as friends, hobbies, and sports may produce a more relaxed voice and speech pattern.

When a medical examination seems necessary, the student is asked to bring in a parent or (if that is impossible) a note from home giving

permission to send the student for a laryngoscopical examination. There must be assurance that an older member of the family will accompany the student to the doctor's office or to the clinic. Whenever a medical, dental, or hearing test is indicated, all contacts outside of the school must be made with the approval of the principal.

If a medical examination for voice cases can be made before the student enters the clinic, time will be saved. When the doctor indicates that medical treatment is needed, the student's record is placed in a "follow-up" file. When speech therapy is advised, the clinician can proceed with confidence. A similar situation can occur with suspected hard-of-hearing cases.

Arrangements can be made for a laryngoscopic examination through the Bureau for Speech Improvement of the Board of Education. Hearing tests can be arranged at JHS 47M through the principal of the school. Dental deviations can be referred by the school nurse to the proper clinic or dentist. If there is no nurse in the school organization, referrals may be made through the Health Education Department. Under no circumstances should a specific doctor or dentist be recommended by the speech teacher or clinician. The parents may prefer to take their child to an otologist, ortnodontist, or audiologist of their choice. Such an arrangement is acceptable, but recommendations of facilities must *not* be made by the teacher. A student who needs to be referred for psychological evaluation can be sent for testing to the Bureau of Child Guidance at the recommendation of the school guidance counselor. Results of these special tests are filed in the Speech Office, and copies are sent to the school's Health Education Department.

SELECTING CASES

Developing Uniform Standards

Speech is defective when the listener pays as much as or more attention to *how* a person speaks than to what he says. Thus, the decision by the examiner is somewhat subjective. The speech examiner's standards should be realistic. It is important to recognize *defective* speech as differentiated from sub-clinical speech faults.

When more than one teacher is conducting speech tests, it is important to establish standards concerning placement in the speech clinic classes. One method of attaining uniform standards is in a practice session.

Before the testing is scheduled, examiners test a group of children and compare recommendations. The children are asked to remain after school (with parents' permission) or to come before the school session begins. The group assembles in a classroom with a teacher aide or student teacher. Each student is examined by one of the teachers, with the others observing. The student is then asked to remain for a few minutes in an adjoining room. The examiners discuss the case and reach a decision. Often, especially when there is wide divergence of opinion, it is helpful to recall the pupil for a second interview. This session can be planned for a department meeting. It is wise to have one such session each term.

Determining Priorities

Since teaching time allotted for clinics is limited, it is necessary to establish priorities and have some students wait until a later date for clinic help. The following order of priority is suggested:

1. All stutterers
2. All cases of cleft palate, hearing loss, cerebral palsy, and others whose communication is seriously impaired
3. Severe voice cases
4. Articulation:
   lateral and/or lingual lispers, lallers
5. Pupils with foreign accent
6. All other substitutions and distortions

If enough clinics can be organized to cover the first three groups and the last three groups only partially, then upper term students are given preference.

GROUPING CASES

Ideally, students are grouped homogeneously according to defect. Groups are large enough to allow for the development of real group feeling and small enough so that there may be full participation for all

and opportunity for individual therapy and frequent checkups. Grouping clinic cases is usually advantageous to the pupil, for he can see his problem more realistically and feel more comfortable about it. He learns that some pupils speak better than he, while others may have even greater difficulty than he. The following groupings are suggested:

Stutterers (not combined with any other group)
Voice cases
Lispers
Foreign accent
Mixed articulatory problems

The lallers can be placed with lispers or others with articulatory problems. Pupils whose speech defect is related to a hearing loss are placed according to the defect which most seriously handicaps their communication.

Since there are very few cases of cleft palate in the average high school, it is usually impossible to form a separate clinic for such cases. Consequently, the cleft palate cases are assigned to a group which meets their speech needs. Cerebral palsied students may receive help in schools with special facilities for them. If these facilities are not a part of the school program, schedule the pupil for the most appropriate clinic.

FREQUENCY OF MEETINGS

The number of times a particular group meets varies considerably in different schools. There are many considerations involved, such as the number of students needing clinical service and the number of periods assigned by the school to clinical help. Ideally, clinics should meet five times a week to insure maximum improvement in the shortest possible time. If this cannot be arranged, the following programing patterns are suggested:

Stutterers

Although it is desirable for stutterers to meet five times a week, this may not always be feasible. If the class is large, it may be better to meet in two sections—one section meeting three times a week, the other twice a week. This adjustment may be wise if part of the group has been in the clinic a number of terms and the other part is composed of newcomers, or if one part of the group has attained some degree of fluency and

ease, while the other part is having great difficulty. Sometimes behavior problems make it necessary to separate pupils with conflicting personalities. Such adjustment is made only after consultation with the department chairman. During the periods that the pupil is unassigned, he may be programed for study hall or library. If the class is the first or last period of the student's day, he need not remain in school.

Voice and Lisping Cases

Voice and lisping clinics meet two or three times a week. A teacher could meet lispers two days a week and voice cases the other three days a week. When the students are taken out of study hall for clinic work, it might be a good plan to meet the lispers and voice cases twice a week each and keep the fifth period for individual instruction.

Foreign Accents

Foreign accent clinics benefit by meeting five periods a week. Here again if the class grows too large, it may be expedient to divide it into two sections—one to meet three times a week; the other, twice a week. The division is generally based upon native language.

Articulation Cases

Articulation clinics may meet two or three times a week. Again much will depend on the composition of the group and the severity of the problems.

PROGRAMING

The Board of Education issued a circular dated April 28, 1967, regarding speech education.

SPEECH EDUCATION CLASSES

The increasing importance of oral communication in contemporary life imposes on schools the obligation of providing an adequate speech program for all students.

Students Handicapped in Speech

A. All schools should establish clinics for stutterers, lispers, foreign accent cases and, if needed, for non-English-speaking students.

B. New York State grants aid for a teacher's salary in full proportion to the time that is spent on speech correction for all

those children whose speech defects are due to physical difficulties, stuttering, or foreign accent. Your speech clinic allotment is based on .2 position for each 600 pupils and makes clinic service available for approximately 4% of your school's register in classes averaging 17.5 per class and meeting three periods per week. Schools which are not presently using this 4% allowance should begin to do so. The divisional allotment is not intended to replace other phases of the speech program.

C. The High School Division grants an allotment for the organization of special classes for non-English-speaking pupils. These special classes are entitled to additional state aid. To be eligible for the additional aid, these classes must be under 25 and be composed of a majority of non-English-speaking pupils rated "C" or below on the scale used in the October, 1959, survey.

Clinics are scheduled during study periods or on alternate days of art and music classes. Students may also be taken from gymnasium classes since the state requires only two periods a week of health education. Frequently, when clinic classes are too large, they are divided into two sections, one section meeting twice a week and the other meeting three times a week.

If, for some reason, a student belonging in a speech clinic cannot be scheduled for clinic one term, the program committee should schedule him the following term. To determine which recommended students were not programed for speech clinic, at the beginning of each term instructors send lists of students in their clinics to the department chairman. Student clerical help arranges the original referral cards according to defect and notes on each card the class into which the student has been placed. The cards which remain with no notation indicate those students who have not been correctly assigned by the program committee or who have been assigned but have neglected to report. This follow-up is very important. These pupils are recommended again the following semester.

CLINIC DISCHARGES

Students are discharged from speech clinic with the approval of the speech chairman, if one is available. If there is no speech chairman, the

speech teacher is responsible for discharging the student. Sometimes it is wise to drop a student from a clinic class for a term. He may have learned to produce the sounds correctly and to incorporate them in controlled speaking situations, but he may not have learned to use these sounds habitually. Having reached this plateau, he may be assigned out-of-class practice for the term and instructed to report to the Speech Office at the close of the second marking period for reevaluation.

MOTIVATION

High school students realize they may be disadvantaged by poor speech. Those going on to college and those seeking employment usually face an oral interview. All are entering more formal social situations and wish to make good impressions. One activity promoting motivation may be to have former clinic members speak to the clinic to prove that speech rehabilitation is possible and helpful. Stories of people who have overcome a speech handicap and become successful are often very effective. Select examples that have meaning for students. The greatest help may come from other teachers and the administration. When the principal or a subject teacher notices a deficiency in a student's speech and sends him to the Speech Office, the pupil is convinced of his need for help because someone other than the speech specialist has made the recommendation.

CREDITING CLINIC COURSES

High schools offer minor credits for speech clinic classes. The clinic may be carried in addition to four or five majors.

CLASSROOM ROUTINES

While the remedial speech class is unique in some respects, it has many similarities to other classes and other learning experiences. In all learning situations, it is an accepted principle of education that there be planned organization, adequate classroom discipline, and well-established classroom routines. This does not mean that there must be rigid rules or inflexible attitudes.

Monitorial Staff

The monitorial staff is responsible for the distribution and collection of mirrors, textbooks, audiovisual aids, and other teaching materials. It is

advisable to have alternate students assigned to these tasks, should the student-in-charge be absent. Students like to receive service credit for their work.

Students' Speech Notebooks

Students develop a speech notebook which includes goals, a chart to indicate the plan for attaining these goals, appropriate material distributed by the speech teacher, homework assignments, and progress charts. Suggest an outline for the development of the speech notebook.

Students often demonstrate creative ability in preparing their speech notebooks. Originality and individuality are expressed in drawings, original speech activities, and special projects related to speech improvement.

Homework Assignments

The homework assignments are carefully prepared and regularly presented. Some speech teachers use mimeographed material and mimeographed assignment sheets. Others have homework assignments written on the chalkboard. Dictating an assignment is the *least effective* technique. If students do not understand exactly what is required, confusion and unpreparedness result.

TEACHING MATERIALS AND EQUIPMENT

To make the remedial speech training program most effective, it is suggested that certain basic aids be used by the teacher. Among these aids are:

1. A speech textbook appropriate for the age and intellectual ability of the students
2. Metal mirrors which may be ordered from the Stock Supply List
3. Charts, pictures, and mimeographed materials related to class activities
4. A tape recorder available for practice sessions and for individual and group speech training. The tape recorder should be handled only by

the teacher and well-trained students. It must be stored in a safe area while not in use. Tapes and recordings which the speech teacher may wish to use can be stored with it

5. Appropriate recordings to serve as models for good voice and speech production should be carefully selected and handled

6. Tapes are available for the correction of articulatory speech defects for use in language laboratories. These tapes, along with a manual for their use, may be obtained through the Bureau for Speech Improvement.

INDIVIDUAL NEEDS THROUGH GROUP THERAPY

In the New York City school system, it is necessary to plan the speech clinic classes on a group therapy basis. Usually all exercises, drills, and applications are helpful to all the students in a class, though possibly more effective for some students than for others. Some principles to keep in mind are:

1. Stimulate the clinic students to become highly motivated. Student motivation is crucial to individual speech improvement.

2. Be flexible in your methodology; variety in clinical techniques is useful and frequently necessary. Some suggested approaches are:
   a. Stimulability (using visual and auditory stimulation and/or imitation)
   b. Developmental feedback (using a multisensory approach)
   c. Phonetic placement (using a mechanistic approach)

Studies have shown that a phonetic placement approach used in isolation least encourages correction and carry-over (transference). Developmental feedback, generally speaking, fosters the best results because of the increased feedback to the central nervous system which directs and coordinates the speech act

3. Stress group listening and peer evaluation.

4. Plan a flexible classroom seating arrangement. Some lesson plans are more effectively carried out if the students are seated in a circular

or semicircular formation. Another lesson might lend itself to students facing each other. A flexible seating plan is highly desirable for a dynamic clinical atmosphere.

5. Organize the lesson plans to include a variety of activities. Have some pupils demonstrate successful speech production. Group or pair students as performer and critic.

Group therapy technique demands that the speech teacher train himself carefully to hear specific pupils recite within the group. Eventually he will be able to single out individual students and either praise an achievement or encourage improvement. The wise teacher makes every effort to interest pupils in one another's progress. The willingness of one student to help another may be the basis for a good learning situation.

It is generally accepted that speech therapy periods culminate in an appropriate activity. This principle can also be applied to group therapy. Appropriate activities include games, choral speaking, oral reports, and informal conversations and discussions. It is very important, however, that pupils see the relationship of technical drills to the culminating activity and leave the activity with a feeling of achievement and success.

The teacher's voice and speech pattern serve as models for his students. His manner is friendly, enthusiastic, and firm. He must be poised and in full control of the class. His leadership and guidance can produce in the student a true sense of security, a feeling of belonging, and a development of self-confidence in speaking situations.

CHAPTER 4.

Clinical Practices

This section, containing basic therapy techniques for all school levels, provides suggestions to guide the therapist in determining a specific plan for each pupil. Since the field of speech therapy is dynamic, the therapist must keep abreast of new developments and research and apply this knowledge to his daily work. Selected, up-to-date references are included.

Clinical practices include work to correct the following major speech difficulties:

1. Articulatory defects
   - Lisping
   - Lalling
   - Mixed articulatory problems and delayed speech
2. Tongue thrust
3. Organic problems
   - Cleft palate
   - Cerebral palsy
   - Hearing loss
4. Problems of fluency
   - Cluttering
   - Stuttering
5. Voice
6. Foreign accent

For each disorder, the following material has been prepared:

- General description of the disorder
- Sequence of sound presentation
- Suggested techniques for therapy
- Selected references
- Sample lesson plans

THERAPY GUIDE FOR ARTICULATORY DEFECTS

Since groups vary in maturity, ability, interests, and backgrounds, the teacher uses his judgment in selecting activities. He watches class reactions and provides an alternate activity wherever necessary. Often the best activities are suggested by the students themselves. The therapist is particularly sensitive to those youngsters who have been enrolled in a therapy program for several years and who may require a concentrated program of carry-over activities. Although there are many types of articulatory defects, the retraining techniques are essentially the same.

Motivation

Speech is a habit difficult to break. The student must *want* to change his way of speaking before he undertakes the rigors of retraining. Pointing out the benefits of good speech often motivates him toward better speech. Goals for the term should be established with a method of checking the progress of individual students. Encouragement at every point in the retraining program should establish continuing rapport with the student and strengthen motivation. If a student produces more than one defective sound, begin with the one which appears easiest for him to produce so that he will be motivated by early success.

Sound Discrimination

Students must learn to discriminate between incorrect and correct sounds before they can correct errors. They must:

1. Listen to the correct sound repeatedly.

2. Listen to the incorrect sound repeatedly.

3. Listen to differentiate between the correct and the defective sound.

4. Follow teacher demonstrations of the preceding activities with student practice of the same techniques. Students should listen to and evaluate each other.

5. Proceed from gross to fine discrimination in such sounds as *p* to θ, *v* to θ, ð to θ, *f* to θ.

6. Proceed from hearing the sounds correctly produced and incorrectly

produced in isolation to listening to them in words, sentences, and conversation.

Sound Production

To have the student produce a sound correctly, he must:

1. Be prepared to use the articulators properly through exercises:
   a. To strengthen control of the tongue
   b. To increase mobility of the lips

Using a mirror for visual reinforcement

   c. To eliminate incorrect use of articulators
   d. To promote relaxation.

2. Learn how the sound is made in isolation by:
   a. Knowing which articulators are used

b. Knowing correct placement of articulators

c. Seeing the correct placement in a mirror for visual reinforcement

d. Feeling the correct placement

e. Feeling where and how his breath is emitted

f. Learning to control the air stream

g. Feeling the difference between a voiced and unvoiced sound

h Feeling the difference between a nasal and oral sound.

3. Learn to make the sound in syllables by:

   a. Combining the problem sound with vowels, first with a separation, e.g., *t - a, t - e, t - i, t - o, t - oo.*

   b. Blending these sounds, e.g., *ta, te, ti, to, too.*

4. Learn to use the sound in words, phrases, and sentences.

5. Learn to establish the sound in conversational speech. To give many opportunities to apply the new speech pattern, meaningful activities, such as these, are provided:

   a. Oral reading of appropriate poetry or prose

   b. Discussion

   c. Public speaking

   d. Word games

   e. Rehearsal of reports for other classes

   f. Job interviews

   g. College interviews

   h. Telephone conversations

   i. Narration of jokes and anecdotes

   j. Social conversation

   k. Role-playing

LISPING

Description

Lisping is the defective utterance or marked deviation in the articulation of sibilant sounds.

1. Causes (organic or functional)
   a. Physical impairment or imperfect oral structure
   b. Malocclusion of the teeth
   c. Inaccurate functioning of the articulators due to chance, imitation, environmental, or other factors
   d. Inactivity of tongue muscles
   e. Slovenly speech habits
   f. Prolonged infantilism
   g. Affectation
   h. Tongue thrust

2. Types of Lisping
   a. *Lingual protrusion lisping* is the incorrect production of any or all sibilants caused by the protrusion of the tongue between or against the incisors during articulation. Lingual protrusion lispers should be screened for tongue-thrust syndrome. (See page 89.)
   b. *A dental lisp* is caused by forward placement of the tongue tip, usually against the lower teeth, or excessive emission due to poor spacing of the teeth. Forward placement results in a broad, flat sibilant or an excessively hissing quality.
   c. *Lateral emission lisping* is caused by the forcible emission of air through the teeth on either or both sides of the mouth rather than through the forward central area. It has a characteristic "slushy" quality.

Sound Sequence

LINGUAL PROTRUSION AND DENTAL LISPS

1. Order of sounds for readiness

   θ *th*in d *th*ey t *t*oe

2. Producing the *s* in isolation (stress analysis of the sound, ear training, kinesthetic approach, and effective use of mirrors)

3. Linking initial *s* with vowels

4. Planning specific lessons for all of the following blends. Proceed to a new combination when the pupil can successfully produce the preceding one in words, phrases, and sentences. If, after reasonable effort, a pupil cannot master a certain blend, move on to another and return to the problem combination in a subsequent lesson. One or more blends may be covered in a single lesson, depending on pupils' ability.

   s blends: *sp, sm, sw, st, sn, sl, sk, str, spr, spl, skr, skw*
   s (in final position, preceded by vowels): pa*ss*

   Reviewing final *t*: *ts, ks, ps*

   Initial and final *s* in the same word: *s*pace, *s*kate*s*, *sps, sts, sks*

   Medial *s*: pa*s*sing

   Medial *ts*: Be*ts*y

   Medial *st*: mi*st*er

   Initial position *z*: *z*oo

   Final position *z*: bu*zz*, *ds, ns, ls, bs, vs, gs, ngs*

   z after a: la*z*y

5. The time devoted to each item in the sequence varies with the needs of the students. The process is often one of trial and error. Some pupils will be able to provide a medial *ts* before they can produce a final *s*, as in pa*ss*. Be alert to individual needs and be flexible in your use of this recommended sequence. Some students require only a quick review of the material suggested and need immediate, direct work on the following:

   ʃ (she) in initial position

   ʃ (dish) in final position

   ʃ (washing) in medial position

tʃ (cheap) in initial position

tʃ (each) in final position

tʃ (pitcher) in medial position

ʒ (garage) in final position

ʒ (pleasure) in medial position

dʒ (jelly) in initial position

dʒ (huge) in final position

dʒ (enjoy) in medial position

LATERAL EMISSION LISPS

1. The following sounds help, through tongue positions, to establish readiness for the production of the problem sound. Discover through the process of trial and error which approach is most helpful to the individual child, and plan his work accordingly. Special attention is given to relaxation for release of tension. Skillful use of the visual and kinesthetic appeals accompanies intensive ear training. The sounds are:

   r: in the initial position

   y: (as in yellow) in the initial position

   k: in the final position

   k: in the initial position

   p: in the final position

   p: in the initial position

2. Continue as for lingual protrusion lispers through lessons on the sibilant sounds and their blends.

Specific Techniques for Lisping Therapy

1. When a pupil does not respond to the high point position of the tongue, try to obtain an acceptable sound with the low point tongue position.

2. Draw attention to the central aperture, using the sense of touch, by holding the forefinger vertically close to the mouth to suggest to the pupil the presence of a narrow stream of breath emitted centrally.

A feather helps children see direction of escaping air

3. Use a feather or strip of paper held before the mouth to help pupils to see the escaping air. A straw provides auditory awareness of proper direction of air stream.

4. Hold a mirror horizontally before the teeth to help pupils see the air stream. This technique is particularly valuable for lateral emission lispers.

5. For lingual protrusion lispers, direct pupils to secure the *s* by producing the voiceless *th* and then drawing the tongue gradually back until it is behind and above the teeth. The θ is then transformed into *s*.

6. In working from *t* to *s*, try to have the pupil produce a *ts* blend. After this has been done successfully, the *t* may be eliminated.

7. Development of *s* from *sh* tends to secure a more backward position of the tongue.

8. Tongue exercises should involve specific muscles and their functions. In the case of a lateral emission lisp, exercises involving widening and grooving of the tongue are practiced. With lingual protrusion lispers elevation and retraction exercises are appropriate.

LESSON PLANS FOR LISPERS

LEVEL: Elementary

AIM: To teach the initial *s* sound (using a restaurant theme)

MATERIALS

Pictures of food with initial *s*
Menu listing foods with initial *s*

MOTIVATION

Tell us about your favorite restaurant.
Today we're going to pretend to eat in a restaurant, but we must get ready first.

PROCEDURE

1. *Readiness*

Close your eyes. Listen to me. Suppose it is cold inside a restaurant and you hear this sound—*sss, sss, sss*. What do you think is happening? (Elicit responses, e.g., steam is coming up.) We call *sss* the steamy sound.

2. *Analysis and production*

Briefly review the *t* sound for placement of the tongue tip on the alveolar gum ridge. Use multiple-sense approach.

a. Vocal practice: *t t t t tsss*
t t t tsss
t t tsss
t tsss
sss

b. Kinesthetic: Feel the stream of air come out of the mouth like steam out of the valve of a radiator. (Notice direction of air.)

c. Auditory discrimination: The teacher reads a list of words. Pupils raise hands when they hear the *s* words: see, saw, so, say, soon.

3. *Development*

a. Present several pictures of each kind of food containing *s*, the steamy sound: *s*oup, *s*alad, *s*andwich, *s*oda. (Teacher produces words as pupils look and listen.)

b. Elicit *s* words: *s*andwich, *s*oda, *s*alad.

c. Group and individual practice: *s*almon *s*alad, *s*alami *s*andwich, tomato *s*oup.

d. Encourage peer evaluation and provide correction when needed.

APPLICATION

Role-play. Develop structural conversation as given.

EATING IN A RESTAURANT

Aide: Good afternoon. May I serve you, sir?

Pupil: Yes, may I see a menu, please?

Aide: Would you like the soup of the day?

Pupil: I don't care for soup. I would like a salmon salad sandwich and an orange soda (or a Seven-up).

Aide: That will be seventy-five cents, please.

ASSIGNMENT

List the foods with the *s* sound which your mother serves at home. Practice them aloud every day.

LEVEL: Upper elementary

AIM: To provide practice for the *st* blend in the initial position (using the theme of an imaginary trip to Pakistan)

MATERIALS

1. *Story about Pakistan*

   If you *st*art out from the United *St*ates by plane, you will arrive in Pak*ist*an in less than a day. When you *st*ep off the plane, you will be *st*epping on to the Asian continent. When you arrive, you will want to send a *st*amped envelope w[illegible] a letter to your friends, *st*ating all that you have seen.

   You might have seen people wearing a particular *st*yle of clothing, including white saris and robes. You can tell them of the little tents that serve as *st*ores in the outdoor markets. You can tell of the beautiful *st*yle of architecture and the arts and crafts. You can tell of the *st*udents you *st*opped to talk with. You will probably have to *st*op writing so that you can go on with your trip.

2. *Word list from story*

*st*art	*st*ep	*st*yle	*st*udent
*st*ate	*st*amp	*st*ore	*st*op

3. *Rhyme referring to story*

   *St*anley went to Pakis*t*an
   To see what he could see.
   He *st*arted at the markets
   And went to every *st*ore.
   He *st*ayed for weeks and weeks
   So he could see some more.

4. *Mirrors*

MOTIVATION

Today, in order to learn our new sound, we're going to take an imaginary armchair trip to a land called Pakistan. We're going to have a lot to tell about our trip, so let's prepare for it.

PROCEDURE

1. *Readiness:* Tongue exercises
   Let's get those tongues moving for our talk. Lift the tip up to the bumpy ridge and down. (4X)

2. *Review*

s in isolation
s followed by a vowel *(sah, soh, see)*
s words when vowel follows *(say, sit, sell)*
words from homework

3. *Auditory training*

The reason I chose to take you on a trip to Pakistan is that the name Pakistan has our new sound in it. The new sound is *st: st* is really a combination of our *s* sound plus the *t* sound. Where is the *st* in Pakistan? Is it at the beginning, middle, or end of the word?

As you listen to this story about our trip to Pakistan, listen particularly for all the *st* words you hear, such as *st*art, *st*ep, *st*one. Each time you hear an *st* word, write a ✔ on your paper. When I've finished the story, count up all the *st* words you heard, and we'll see who came closest to the correct answer.

4. Read story about Pakistan.

5. *Development*

a. Analysis: (multiple sense appeal: visual, auditory, tactile, kinesthetic.)

In order to make the *st* sound combination, we make *s* with our tongue tip near the bumpy ridge and then quickly raise the tongue tip right to and touching the bumpy ridge for *t*. Elicit from class the difference in tongue tip placement between *s* and *t*.

Simultaneously demonstrate "auditorally" and visually (using fingertips) the *st* blend.

b. Production: (use mirrors. Tell pupils to check that tongue is not in sight.)

1) In isolation: with vowels *(stah, stoh, stee)*.

2) In words from story: say word first; have class repeat in chorus, viewing in mirrors.

3) Call on individuals; ask rest of class to listen and evaluate. If correction is necessary, call on another student to demonstrate.

4) Then have each pupil read four words from list; again seek peer evaluation.

APPLICATION

1. Ask questions based on story in order to elicit *st* words in full sentences. For example:

   What country did we start out from for the trip?
   Did you step on or off the plane in Pakistan?
   What is the style of dress in Pakistan?
   What kind of stores are there in Pakistan?

2. Recite rhyme (see materials).
   Class repeats in chorus.
   Each pupil says one line from the rhyme.

ASSIGNMENT

1. Practice saying word list. Use mirror and make sure you do not see your tongue.

2. Read the rhyme on rexographed sheet aloud every day.

LEVEL: Junior High School

AIM: To reinforce *s* sound (using the theme, See New York)

MATERIALS

Map
Stars
Rexographed copy of "Sidewalks of New York"

MOTIVATION

Ask why tourists come to our city. Introduce map of New York City. The names of many places in New York City contain the sound *s*. Before we can take the tour, we must practice our sound.

PROCEDURE

1. *Readiness*

   a. Review tongue exercises related to the production of the *s* sound and elicit why each exercise is helpful.

b. Auditory discrimination—*th*/*s* contrast
Call attention to the fact that the tongue touches the teeth for the *th* and that there is a free tip for the production of *s*.

2. *Development*

a. Have pupils place stars on strategic spots on map.

b. Elicit a word list from these locations, e.g.,

city	sandy beaches	*st*ock exchange
Times Square	e*ast* side	Radio City
skyscrapers	Lincoln Center	Empire *St*ate Building
subway system	tourists	*st*age and *scr*een
Central Park	*St*atue of Liberty	we*st* side

c. Use this word list for group drill.

d. Use the word list for individual drill. Each pupil says a word and uses it in a sentence as he locates it on the map. Pupils evaluate sound production of one another.

APPLICATION

Role-play: Each pupil assumes the role of tourist guide as he drives his bus along a route which he points out on the map. Class evaluates *s* sound production.

ASSIGNMENT

Distribute rexographed words to "Sidewalks of New York." Practice and be ready to *sing the song next week*.

LEVEL: Junior High School

AIM: To review the *st* blend in the initial, medial, and final positions in words, sentences, and spontaneous speech (using the theme of automobiles)

MATERIALS

Pictures of cars that contain *st* blends
Car advertisement charts using *st* blends
Charts for matching game

Motivation

Now that new models are out, the automobile industry is spending a tremendous amount of money in advertising. The industry tries to use catchy slogans that will remain in our minds for a long time. Let's see how successful these car manufacturers are. Who can remember an automobile commercial slogan from radio or television? ("You're ahead in a Ford all the way." "The Dodge rebellion wants you." "See the U.S.A. in your Chevrolet." "Plymouth is out to win you over this year.")

Procedure

1. *Readiness*

   a. Review analysis and production of *s*, *t*, and *st* sounds. Say, "Just as a good driver must pay attention to certain signs or safety rules, a good speaker must follow certain speech rules." Next, elicit steps in the production of the *s* and *t* sounds, as in the word *stop*. Have the students make the *s* and *t* sounds in isolation, three times each. Use mirrors and stress tongue placement. Explain the formation of the *st* blend and have the students say the *st* blend in isolation three times.

   b. Ear training—*st* blend

      1) Show pictures of various cars containing *st* blends and have students guess the names (Mustang, Stingray, Jetstar 88).

      2) Say each car name twice—once with a good *st* blend. Have students decide the correct one and the incorrect one and state reasons for their choice.

      3) Have a student read the following paragraph:

WINTER SAFETY

You start your station wagon's engine one morning and take off instantly. At the corner, you stop for a stop sign and wait for an opening in the flow of oncoming cars. When the opening comes, you step on the gas and nose into traffic. The engine stalls. You have tried to drive with a cold engine. This was your big mistake. Although you won't harm the engine by driving after a brief warm-up period, safe driving procedure demands that

you warm the engine for at lea*st* three minutes before operating it on a cold day.

4) As one pupil reads this paragraph to the class, the others raise their hands every time they hear an *st* blend in any position. Choose one student to list these words on the chalkboard.

2. *Development*

a. Practice of sound in words

1) Have the entire class say the words with *st* blends on the chalkboard.

2) For individual practice, have each student say as many words as he can remember without looking at the board. (Provide peer evaluation.)

b. Practice the sound in sentences.

Tape the following chart on the board next to the *st* word and have the student formulate sentences by matching one of the *st* words on the chalkboard with one of the phrases from the chart, e.g., To start your car, put the key in the ignition.

very roomy	warm up engine
put foot on brake	on gas pedal
can cause accident	three minutes
put key in ignition	take off

APPLICATION

1. Arrange a role-playing situation: car salesman tries to convince customer to buy a new car. Have leading questions for the customer to ask, such as, "How much does it cost? Is it the latest style? What is the standard equipment?" Prepare advertisement charts for the salesman to use, such as the following:

MUSTANG

many standard features	three new styles
stick shift	sturdy hardtop
extremely fast	fastback

2. Alternate suggestions for application
   a. Giving persuasive sales speeches
   b. Role-playing scenes at traffic court
   c. Group discussion on the topic: At what age should teenagers be allowed to drive a car in New York City?
   d. Choral speaking of poetry

ASSIGNMENT

1. Have the pupils practice saying these *st* blends aloud every day in front of a mirror. Underline *st* sounds in each word.

Initial Position		Final Position		Medial Position	
Stingray	start	Tempest	cost	Jetstar	Mustang
static	steal	crossed	fast	Aston Martin	instant
sticker	stand	exhaust	test	distance	system
step	still	adjust	best	adjustable	custom
stability	stop	defrost	east	fastback	faster
standard	steer	quickest	last	defroster	mistake
station	stick	quietest	cast	disaster	
stereo	style	mist	lost		
steady	storm	east	west		
stolen	stall				

2. Review the production of the *s* and *t* sounds.

3. Write a short automobile advertisement. Include six words with the *st* blend. Practice reading your advertisement every day. Be prepared to read it in class, using good speech.

LEVEL: High School

AIM: To say the *s* sound correctly in initial and final positions.

MATERIALS

Copies of John Masefield's poem "Sea Fever"
Mirrors

MOTIVATION

Read "Sea Fever" to class (after asking some brief questions about the sea, sailors, etc.). Briefly discuss essential meaning of the poem. Ask this pivotal question: "Besides our interest in its theme, why is this poem particularly good for us?"

PROCEDURE

1. *Readiness*

From pupil-pupil evaluations and corrections, review briefly the correct way to make the sound. Mirrors should be used, of course, for pupil's self-checking of correct *s* sound whenever this is necessary.

2. *Development*

a. Ask the class to list all words with initial *s* only. One pupil does so at the chalkboard while others work at their seats.

b. Call on each student to say five words beginning with *s*.

c. Have each pupil develop a phrase having an initial and final *s* word.

d. Ask the class to make a list of words with final *s*. Again, one pupil does so at the chalkboard while others do so at their seats.

e. Call upon each pupil to say three words from his list of final *s* words. Have the pupils evaluate one another.

APPLICATION

The class reviews the general values of the poem and its particular values for them. Ask volunteers to read sections of the poem aloud. Direct attention to initial and final *s* words.

ASSIGNMENT

Write a short poem or a paragraph describing your feelings about the sea or an experience you have had while swimming. Try to include many *s* sounds to give the listener or reader the sound and feel of the sea.

LALLING

Description

When the *l* or *r* sounds are omitted, or when other sounds, particularly the *w* or *y*, are substituted for them, the resultant defect is called lalling. Lallers may also misarticulate the sounds of *l* or *r* by producing them too far back in the mouth, thereby emitting a glottal sound rather than the frontal *l* or *r* sounds (of correct English).

Sound Sequence

1. Review as needed

   t in all positions *d* in all positions *n* in all positions

2. Sequence on *l*

   initial *l*
   initial *bl*
   initial *pl*
   initial *fl*
   initial *sl*
   initial *kl*
   initial *gl*
   final *tl*
   final *l* (all)
   medial *l*

3. Sequence on *r*

   initial *r*
   initial *br*
   initial *pr*
   initial *fr*
   initial *thr*
   initial *tr*
   initial *dr*
   initial *str*
   initial *kr*
   initial *gr*
   initial *skr*
   medial *r*

   If pupils have more difficulty with *r* than with *l*, cover the sequence on *l* in three or four lessons and proceed to work on *r*. If pupils need extensive work on *l*, devote at least one lesson to each position or blend listed.

Specific Techniques for Therapy

For *l*

1. Practice analogy drill: *tah, dah, nah, lah.*

2. Apply specific exercises to elevate the tongue.

   a. Press tongue tip to gum ridge with force. Relax. Repeat in sets of five.

b. Place tongue depressor between tongue tip and gum ridge. Exert upward pressure against tongue depressor to assist its withdrawal.

3. Place tongue depressor horizontally between teeth. Say *la, la, la* without jaw movement to keep tongue depressor in place. Use mirrors to observe movement.

4. Place the finger against the lips to inhibit lip movement during the production of a series of *l* sounds in isolation.

For *r*

1. Secure elevation of the tongue by analogy to *tah, dah, lah.*

2. Secure vibration of the tip of the tongue through voiced *th, z,* or *zh.*

3. Direct attention to spreading and retraction of the tongue, working from the sounds *ee* and *y.*

4. Direct the pupil to let his lower lip hang loosely so that his lower teeth may be seen. In some cases, it may be necessary to push the lower lip away from the teeth.

LESSON PLANS FOR LALLERS

LEVEL: Elementary

AIM: To reinforce *r* in the initial position (using a theme related to exploration of outer space)

MATERIALS

1. Pictures used for motivation

2. Vowel faces wearing space helmets or made to look like Martians

3. Rocket game materials made from construction paper. Make pockets in the form of a ladder on a dark background with a paper moon at the top. (Make two rockets.)

4. Rexographed sheets for homework. Show pictures of rockets, the moon, or other planets.

MOTIVATION

Discuss means of transportation to outer space.

PROCEDURE

1. *Readiness*

   a. Tongue exercises: Using mirrors, have the group go from the *l* sound to the *r* sound, paying attention to the position of the tongue.

   b. Vowel practice with the *r* sound, again using the *l* sound, e.g.,
   l - rah
   l - ray
   l - ree

   c. Auditory discrimination: Read the following sentences and have the group first count *r* sounds they hear, then words with the *w* sound and the *l* sound.

      1) The Martians fought the *w*ar on the *r*oad.

      2) The astronauts *r*aced across the *w*aste *l*and.

      3) If they *r*un, the *w*ar will be *w*on.

      4) The Martian *w*ill ride on a *w*ide rocket.

      5) The *r*ed spaceship *l*ed the others.

2. *Development*

   a. Production of sound: Analyze correct production of *r* sound with pupils.

   b. Elicit the words by means of these questions:

      What kind of transportation does one take to outer space? (*r*ockets)

      How do the astronauts travel in the rockets? (*r*ide)

      What word means a contest in speed? (*r*ace)

      How does the rocket ship sound when it takes off? (*r*oars)

      How do the astronauts keep in touch with earth while in space? (*r*adio)

c. Have unison drill of the vocabulary words.

d. Have each pupil say the word and put it into a sentence. (Individuals work with mirrors.)

APPLICATION

Play rocket game. Divide pupils into two groups. Give each group a rocket. The aim of the game is to guess the word one pupil is thinking of. Require answers in full sentences. The team that guesses first moves its rocket up the ladder. The first team to reach the moon wins.

ASSIGNMENT

Read the following paragraph. First underline the words that begin with the sound *r*. Then read the paragraph every day.

> The *race* for space is on. The best *rockets* will win. The *roars* from *rockets* will be heard all around the town. The *radar* screen will show us where the astronauts are. You can even talk to them on the *radio*.

LEVEL: Elementary

AIM: To teach the *l* sound in the initial position (using a supermarket theme)

MATERIAL

Pictures Rexographed sheets Mirrors

MOTIVATION

Ask, "How many of you have ever gone shopping with your mother in the supermarket?" (This pivotal question should lead to a discussion of how one shops in the supermarket.) Explain that the class will go on a shopping trip in a store where everything begins with *l*.

PROCEDURE

1. *Readiness*

a. Relaxation: "Let's pretend we are pushing a cart in a supermarket." Discuss the feeling of tension in the arms, legs, and torso, as we push the cart and then the feeling of relaxation when

we stop pushing it. Discuss this tension and relaxation in relation to speech and voice production.

Introduce the new sound for the day, initial *l*. Briefly discuss its production and relate it to *r*, the previous sound taught.

b. Auditory discrimination: Have the class listen as you read "Linda's Trip to the Supermarket." Have pupils count the words with initial *l*.

LINDA'S TRIP TO THE SUPERMARKET

*L*inda *l*eft her house to go to the supermarket for her mother. Her mother told her to walk to the first traffic *l*ight and then turn *l*eft. She made the wrong turn and *l*ost her way. Finally, she came to an empty *l*ot and knew she must be *l*ost. Some *l*adies were walking by and she asked them for directions back to the traffic *l*ight. A few minutes *l*ater, she was back at the place where she had made the wrong turn. She stopped another *l*ady and explained that she was *l*ooking for the big supermarket where she might buy *l*emons, a *l*oaf of bread, and *l*ettuce. The *l*ady told her how to get there and she had no more trouble.

c. Elicit *l* words children remembered and write them on the board.

d. Tongue exercises

1) Recite the following rhyme and ask pupils to follow the suggestions as they use mirrors.

The tip of your tongue is lightly pressed against the upper gum.
And then your vocal cords vibrate
In a pleasant sort of hum.
Say *la, la, la* and *lu, lu, lu*.
Listen as you do it.
Now use the *l* sound in a word
And in a mirror view it.

2) Have the group sing a favorite, well-known song (e.g., "London Bridge") or *lah, lah, lah*. Have individual pupils take a turn at singing a line.

2. *Development*

Use a multiple-sense approach: auditory, visual, tactile, kinesthetic. Using mirrors, stress lifting the tongue tip to the gum ridge and pulling the lips back. Drill the following words elicited from a listening activity and ask the class to think of other items starting with *l* that one might buy at the supermarket. Have pictures of these items:

Examples:	*l*ima beans	*l*ime	*l*iver
	*l*amb chops	*l*emonade	*l*ettuce
	*l*eg of lamb		

APPLICATION

Refer to the motivation. "Let's pretend that we are shopping in a supermarket." Act the first role yourself to show the class what you expect. One student will be the cashier. Two will be customers shopping for *l* objects. (Use pictures or real objects.) Students may pretend they are pushing a cart. At the checkout counter the following dialogue is suggested:

(It is important, in advance, to structure the situation, set up criteria, and impress upon the class its function as a critical audience. Different groups are given a chance to perform, and the class evaluates each group's performance.)

Cashier—Which items are yours?

Customer—These lemons and lamb chops are mine.

Cashier—Three lemons, four lamb chops. That will be $2.00. Thank you.

Customer—You're welcome.

ASSIGNMENT

1. Distribute a rexographed copy of "Linda's Trip to the Supermarket." Have pupils underline words beginning with *l* and practice saying them aloud, using mirrors. Suggest that they read this story aloud at home and see how many *l* words their parents or siblings can hear.
2. Have pupils prepare a list of *l* objects found around the house (*l*aundry, *l*ights, *l*ock, etc.). Some items can be brought to class. A composite list suggested by pupils will supply further applications.

LEVEL: Junior High School

AIM: To learn the *bl* in the initial, medial, and final positions in words, sentences, and spontaneous speech (using the theme of commercial products and advertisements)

MATERIALS

Pictures of products
Rexographed sheets of phrases and fill-ins

MOTIVATION

Lead discussion on purpose and importance of commercials.
Introduce names of products containing the *bl* sound.

PROCEDURE

1. *Readiness*
   a. Review analysis and production
      1) Review phonetic placement of *b, l, bl.*
      2) Drill *bl* plus vowels—initial, medial, final.
   b. Ear Training—Auditory Discrimination
      1) Make common errors such as *bw* for *bl* and ask students to correct misarticulation.
      2) Have some students read paragraph containing many *bl* blend words, and have others evaluate and correct.
      3) Have students copy words from auditory clues.
2. *Development*
   a. Practice sound in words.
      Fill-ins—letters and words
      Words: I__ B____ Sec__t (Ice Blue Secret)
      _____ (Doublemint)
      Bl__s__ On (Blush)
      Golden Bl____s ____ (Blossom)
      _____ Dot Flashbulbs
      Ship and Shore _____ (Blouses)
      Dou__ Bubb__ (Double Bubble)
      Hey Mab__, __ack Lab__ (Mabel, Black Label)

b. Practice sound in pupil-made sentences.

c. Match phrases to make sentences

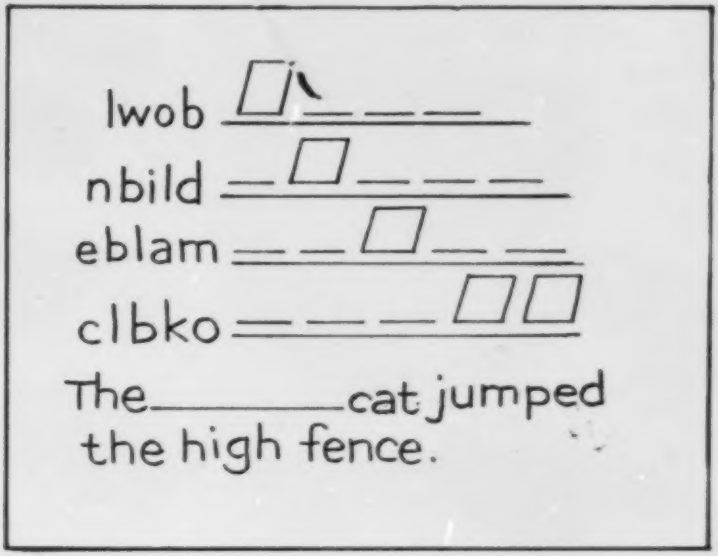
~~Did you buy~~	~~blueberry pop-tarts.~~
Return that on	electric blanket.
Don't forget the	Bleecker Street.
Get a G-E	the blouse in Bloomingdale's?

APPLICATION

Have individual pupils sell products with *bl* blend by developing a commercial to advertise the product.

ASSIGNMENT

1. Practice all words and phrases aloud.
2. Unscramble the following words; then unscramble the boxed letters to make the answer.



LEVEL: High School

AIM: To learn tongue-tip placement for *l*, using the approach for placement of *t*

MATERIALS

Mirrors Tongue depressors (wide, flat)

MOTIVATION

Ask pupils which sound is repeated in the sentence: Terry Thomas is a terrific teller of tales. Elicit other sentences containing words with initial *t*.

PROCEDURE

1. *Readiness*

   a. Distribute mirrors. Ask pupils to try any three *t* words from sentences given. Tell them to use mirrors to see the position of tongue for *t*. Check correct placement for each student.

   b. Ask pupil to demonstrate the correct tongue-tip position for *t*.

   c. Pupils try *t* in unison, check for correct position of *t*.

2. *Development*

   a. Ask pupils to say *l*, using the same tongue position, noting similarity of the tongue-tip positions for *t* and *l*.

   b. Have students suggest a list of paired words with *t* and *l* (examples: *t*ent, *l*ent; *t*ack, *l*ack; *t*ot, *l*ot).

   c. Students repeat the words while the others evaluate. There is self-evaluation, too, as the pupil uses his own mirror. Conduct unison and individual drills.

APPLICATION

Elicit the relationship between *t* and *l*. Conclude with: *T*om Jones and *L*ulu are *t*op stars.

ASSIGNMENT

Write five sentences, using both *t* and *l* in each sentence.

MIXED ARTICULATORY DEFECTS AND DELAYED SPEECH

Description

A pupil is placed in a mixed articulatory group when his speech interferes with his communication and when his problem sounds encompass more than the lisping or lalling problem. Many cases of mixed articulatory defects are due to a delay in speech development.

Delayed Speech of a Young Child

Delayed speech is a broad classification applied to a child who has not acquired speech at the expected time or with the expected accuracy. There is a similarity between delayed speech and defective articulation. However, in a child with delayed speech, one will usually find that:

1. He did not begin using words until three or four years of age or older.

2. He has a basic language limitation as well as a speech deficit. His vocabulary is sparse and comprised mostly of nouns. His language structure is often immature, and his speech is likely to be concerned with concrete things present in his environment and directly related to his immediate needs and desires.

3. He relies on gestures to make his meaning clear.

4. He omits sounds, especially initial and final consonants. He distorts many sounds or substitutes an easier sound for the correct one. These substitutions are often referred to as baby talk.

To use the term *delayed speech* diagnostically, it is necessary to examine the cause of the speech and language delay and to determine to what degree the delay exists. The causes are generally of two kinds: those stemming from organic defects, such as central nervous system impairment, mental retardation, and hearing loss; and those stemming from functional problems, such as emotional disturbance, speech deprivation, and immaturity.

Since the child with delayed speech may be discovered in the prekindergarten, kindergarten, and first grade, grouping may prove difficult. If the school has several children with this problem, they can be grouped homogeneously. Otherwise, the child with delayed speech will frequently require individual therapy.

Delayed Speech of an Older Child

Infantile perseveration is a syndrome found in an older child who has many speech and articulation patterns of a younger child. It may be described as a carry-over of immature speech patterns or the perseveration of an immature level of speech development. Though he may have developed language and is able to use it to communicate his needs, he often has trouble with language arts activities (reading, spelling, writing, and oral expression).

Sometimes this child has also developed undesirable behavior patterns; he may be withdrawn, uncommunicative, aggressive, surly, or uncooperative. The older he is, the longer he has lived with his speech problems. He may have a defeatist attitude, a feeling that his speech is hopeless, and a belief that no one can help him. The speech teacher must understand this child's needs and try to win his confidence.

Placement of this child in a speech group depends on the area of his greatest need. A mixed articulation group is probably best, but he may also be placed in a lisping or lalling group. He frequently requires additional individual help. The primary goal is to develop adequate speech as soon as possible. To reach this goal:

1. Determine the cause of and the degree to which the speech and language are delayed by interviewing the child and by examining the findings of previous tests and observations.

2. Obtain information about the child in order to counsel and guide his parents. If the cause of speech delay stems from the home (e.g., lack of motivation and/or stimulation, overprotection, or intimidation), the remedy may lie in successful parent counseling.

3. Explore several areas to determine the best one for reaching each child. (For example, if a child with delayed speech has very poor motor coordination, the speech teacher, with the aid of the classroom teacher, plans a program to develop gross motor coordination, gradually leading to finer motor movements, and eventually to the finer coordination required for adequate speech production.)

4. Determine the child's prognosis for adequate speech and language development.

5. Determine realistic goals and aims for each child.

6. Refer the child for further examination when the need is indicated. (Consult with the supervisor for assistance.)

For the most part, therapy is individually planned. Areas of emphasis will vary from group to group and for each child within a group. Since motivation for speech is often lacking in such children, one of the major aims of therapy is to instill an awareness of the need for speech by all means available to the speech teacher.

Suggested Procedures for Delayed Speech Groups

Attention is directed to both language needs and the correction of sound distortions in the long-range plan. Perhaps more than any other defect, this problem demands an eclectic approach, dynamically geared to meet specific needs. Keep in mind that therapy may take different directions which vary along with the cause. General suggestions follow:

1. Prepare lessons to improve listening, attention span, auditory memory, and ability to perceive sound differences.

2. Develop favorable rapport by personal appeal, simple games, stories and rhymes, as well as by puppetry, pantomime, creative dramatics, finger plays, action songs.

3. Include vocabulary building in all lessons.

4. Introduce speech sounds beginning with the more easily recognized sounds as readiness for direct work on problem sounds. (This is especially important for immature groups with poor auditory discrimination.)

5. Present auditory recognition and production of consonants in the normal developmental order.

6. Incorporate drills in consonant sounds into meaningful speech, stressing the use of real words as they appear in natural conversation and usage.

7. Drill for retention of final consonants in words.

Suggested Sequence for Mixed Articulatory Problems

VOWELS

Devote two or three preliminary lessons to auditory discrimination and practice of the sounds *ah, ay, ee, aw, oh,* and *oo* as readiness activities for immature groups whose auditory discrimination is especially poor.

Proceed to consonants as soon as pupils can adequately undertake gross sound discrimination activities.

CONSONANTS

The following sequence of sounds is arranged according to difficulty of production but may be changed to meet the specific problems of the individual group:

p, b, m, w, h, f, v, d, t, n, l, g, k, y (as in yellow), *j, m*
Review *t*, θ as in *th*in)
s
ð (as in *they*)
Review *d*
z
r (as in *r*ed)
ʃ
ʒ
dʒ (as in *j*ump)
tʃ (as in *ch*air)

Blends
After pupils have mastered single consonants, work on blends as needed.

Planning for Delayed Speech Groups

AUDITORY TRAINING

Children must learn to hear sounds around them and to identify gross sound variations and finer sound differences. They need training in auditory memory, hearing the speech of others, and recognizing speech errors deliberately produced by the teacher. With practice, they can learn to discriminate speech sounds, recognize their own errors, and correct them. Therapy sessions are devoted to attaining these skills.

Sequence of Instruction of Sounds

Teach speech sounds in meaningful words as soon as possible. When there is a tendency to omit initial and final consonants, stress the hearing of these sounds in familiar words for as long as necessary before the child evaluates his own production. The normal order of development of sounds is a desirable method for presenting new consonants.

Language Development

Since vocabulary and syntax are also areas of weakness, help pupils build a meaningful vocabulary and improve English usage. The speech arts, particularly choral speaking, creative dramatics, and puppetry are effective tools. Children need to believe that speech is fun; consequently, you may find game therapy useful.

Specific Techniques for Mixed Articulation Groups

General procedures for the correction of defective consonants are described in the general therapy guide. Specific techniques follow:

1. Apply Froeschel's chewing exercises to the correction of articulatory problems. The technique is administered in three phases. Phase one involves exaggerated gross chewing movements. Phase two combines gross chewing movements with speech. In phase three the movement is visualized, and the relaxation of the musculature derived from the exercise is applied to articulation.

2. Reinforce proper sound production by means of negative practice. This technique, which may be used at all stages of the therapeutic process, requires the pupil to produce his erroneous sound and follow it immediately by its correct production. The correct sound is repeated at least two or three times to cancel the error.

3. To develop the student's ability in interpersonal and intrapersonal scanning, use a tape recorder. Have the pupil identify the sound error in the speech of others. When he can do this with some degree of proficiency, he then evaluates a recording of his own spontaneous speech as a means of producing error-sound sensitivity.

4. To develop understanding of correct placement, use a diagram of the speech musculature. Have the pupil indicate with his finger the

placement of the articulators as he produces the sound.

5. For visual stimulation, assign a color system to sounds to assist in differentiation between voiced and voiceless consonants.

LESSON PLANS FOR ARTICULATION GROUPS

LEVEL: Elementary

AIM: To teach the accurate production of the *v* in the initial position

MATERIALS

Pupils' notebooks
Red crayons
Flannel board
Rexographed lists of words and sentences using *v* words
Large blue *f* } prepared for adherence
Large red *v* } to flannel board

Pictures of
violin
vase
vacuum cleaner
vegetable
violet
village
valentine

(Pictures are backed with sandpaper or similar material to adhere to flannel board. Pictures are mounted on cardboard, the name of the object clearly lettered at the bottom. Initial *v* of each word is underlined.)

MOTIVATION

Before children arrive, place *v* pictures around room. After attendance is taken, collect the pictures. Challenge the students' power of observation. Briefly discuss the importance of observation. Explain that you will test this power in a later game.

PROCEDURE

1. *Readiness*

Review the *f* sound in all positions with material from previous lessons. Elicit pupil evaluation. Note that the *f* has been marked in blue

to indicate that it is a voiceless sound. Demonstrate that the sound is voiceless, that no vibration is produced by placing hands on cheek with heel of hand extending across the larynx.

2. *Development*

Place the large red *v* and the blue *f* on the flannel board. Produce the *f* sound. Give each child the chance to place his hand on your larynx. Produce the *v*. Let the child feel the vibration and see that the positioning is the same for both sounds, but that voice is added to produce the *v*. Explain that the color red denotes the voiced sound. Let the children feel vibration at the contact point of lip and teeth and in the cheek and larynx. One by one, place the initial *v* pictures on the flannel board. Say the word each represents. Be sure that each child notes the vibration at the beginning of each word.

When all eight words are on the flannel board, have pupils practice them aloud, using mirrors, in group and individual drill. Encourage children to make up sentences with the words to reinforce understanding and proper usage. Staple the rexographed sheets into the pupils' notebooks. Have children reread the words and sentences aloud, listening for the *v* sound and marking each one in red. Again stress the fact that the *v* is marked in red to denote the voiced sound.

APPLICATION

Play an observation game with the eight objects on the flannel board. Children cover their eyes. Select one child to remove a picture from the flannel board. Pupils try to guess which object is missing: "Have you removed _____?" "Yes, I have removed _____." The child who guesses correctly takes his turn. Let every pupil participate in the game.

ASSIGNMENT

1. Say aloud the words and sentences in the notebook.

2. Make up eight new sentences using the words.

3. Practice these sentences daily. (Request parent signatures to stimulate home involvement and cooperation.)

LEVEL: Junior High School

AIM: To reinforce the correct production of

MATERIALS

Prepared list of questions
Cards numbered 300-315
Tape
Rexographed homework sheet

MOTIVATION

To develop the concept that we are frequently making judgments about people and forming impressions of them, ask:

When your friend says, "Hi, Alfred, how are you?" can you tell that he is getting ready to ask you for a favor? How?

When your younger brother walks into the house after school, can you tell that he is in trouble even if he doesn't say anything? How?

When you hear a boy say, "I'll go wid you to de store. My mudder needs a spool of tread," what impressions do you get of him?

PROCEDURE

1. *Readiness*

   a. Ask: When the boy says, "I'll go wid you to de store to get tread for my mudder," which words are pronounced incorrectly?

      Which words does he mispronounce when he plays baseball and calls out, "Trow dat ting dis way"?

      Which words are incorrect when he says, "Tanks, see you Tursday"?

   b. List the mispronounced words in two columns (one column for words with the voiced *th* sound, the other with unvoiced *th*).

thread	with	Thursday
throw	the	this
thing	mother	
thanks	that	

2. *Development*

a. Analyze the sound *th*

1) Point out to the class that the *th* sound can be corrected easily.

2) a) Demonstrate that if one slides the tip of one's tongue along the front teeth until one reaches the bottom edge, one can pronounce the *th* sound correctly.

b) Have pupils use mirrors to practice the sound first in isolation and then in nonsense syllables.

b. Practice with words

1) Have each pupil practice putting the tip of his tongue at the bottom edge of the upper front teeth and repeating the following words after you:

thread, throw, thing, thanks, Thursday
the, this, that, mother, with

2) Divide the class into two sections.
Read the following aloud and ask one section to answer.

a) What does a pitcher do with the ball? (throws)

b) What should you do before you answer a question? (think)

c) Your sister mends her dress with a needle and _____. (thread)

d) When you gave your brother some candy, he said, "_____". (thanks)

e) Start running at the signal: one, two, _____. (three)

f) Here are your seats: John, the first; Alex, the second; Jack, the third; and Robert, the _____. (fourth)

g) I don't want this dessert; I want _____ one. (that)

h) The soldiers going to Alaska are having warm clothing issued to _____. (them)

i) Don't put that wet umbrella here. Put it _____. (there)

j) She's on a diet because she wants to look _____. (thin)

k) Ouch! I picked up that rose and got stuck on a _____. (thorn)

l) Don't ask me to sing. I have a sore _____. (throat)

m) I ran up those stairs so fast that I can hardly _____. (breathe)

n) In the summer the birds fly north; in the winter they fly _____. (south)

o) Where's the dentist? I have a terrible _____. (toothache)

c. Practice with phrases

1) List on the board

thick and thin	three-thirty
through and through	mother and father
thread and needle	health and wealth

2) Read each phrase aloud. Then have the pupils repeat each phrase after you.

APPLICATION

1. Line up the chairs so that each student can sit. Attach a card with a number from 300 to 315 to each chair.

2. Write a number from 300 to 315 on slips of paper which you fold and place on your desk.

3. Ask each pupil to choose a slip of paper and to sit on the chair which matches the number he has chosen.

4. Ask the pupil who has number 300 to start the game by calling out a number from 301 to 315. The pupil whose number is called immediately calls another number.

5. Explain the rules of the game.

a. A pupil makes an error if he:

1) does not answer immediately

2) calls his own number

3) calls a number nobody has

4) mispronounces the *th* sound

b. Once a pupil makes an error, he moves to the last chair, and the players move up one seat.

ASSIGNMENT

1. Distribute rexographed homework sheets containing the words and phrases used in the lesson.

2. Practice words and answer these questions:

   a. How do you pronounce the *th* sound correctly?

   b. What impression do you make when you mispronounce words with a *th*?

LEVEL: Junior High School

AIM: To pronounce correctly the final *z* in words, sentences, and spontaneous speech (using the theme of elections)

MATERIALS

Vowel charts Picture of politician
Campaign poster (either professional or for G.O. office)
Ten 3 x 5 cards with one question on each
10 flash cards with one word on each (may be given orally by the teacher)
Rexographed sheet used as part of the lesson (and later as the basis for next week's homework)
Sheets with mock campaign speeches

MOTIVATION

"Who is _____?" (Show a picture of candidate.)
"What is this?" (Show a campaign poster.)

PROCEDURE

1. *Readiness*

   a. Auditory training: (Each of the following sentences typed on a separate 3 x 5 card has one word with a final *z*.) As you read each sentence, students take turns identifying the word with the *z* sound.

1) What are the G.O. offices in the school?

2) Who are the G.O. officers?

3) When were elections held for the G.O.?

4) When are they held for the city, state, and national offices?

5) How many mayors are there in New York City?

6) What does the mayor control?

7) How many governors are there in New York State?

8) Who is our governor?

9) How many senators are there from New York State?

10) Who lives in Albany?

2. *Development*

a. Analysis and production of the *z*

1) The tongue, as for *s*, is aimed towards but does not touch the gum ridge.

2) The teeth are together.

3) The vocal cords are vibrating. Touch the throat lightly with fingernails to feel the vibration.

b. Auditory discrimination

Identify the correct production. Read the following words twice, once pronouncing them with an *s* sound, once with *z*, as indicated in the following columns. Pupils note whether the voiced sound is in column 1 or column 2.

Column 1	*Column 2*
chairs	chairz
tables	tablez
voterz	voters
citiez	cities
rooms	roomz
senatorz	senators
majorities	majoritiez
electionz	elections
electors	electorz
winnerz	winners

Note: When these words are read, *z* should be read *voiced* and *s* should be read *unvoiced*.

c. Practice in nonsense syllables

Use vowel charts and the letter *z* to be placed in front of or behind the vowel.

d. Practice in words

Use flash cards with the single form of the word, or say the singular form. Have the student respond with the plural.

mayor	election	republican	campaign	poster
city	governor	liberal	promise	school
voter	primary	conservative	speech	party

e. Practice in sentences

Distribute rexographed sheets, such as the one suggested. Each student reads one sentence. Encourage the others to play detective and catch omissions of the voiced sound.

1) Voters choose candidates for public offices in New York on the first Tuesday in November.

2) In most cities election day falls on Tuesday in November.

3) Citizens vote for candidates for public office, such as mayor, governor, and senator.

4) The victors usually begin their new term on New Year's Day.

5) Voters are reached by advertising campaigns in magazines, newspapers, television, and by other forms of publicity.

6) In New York, the polls are usually in schools, and voters use voting machines instead of ballot boxes.

7) John Lindsay, the Liberal Party's candidate, was elected mayor in 1969.

8) In New York, voters must be citizens and residents.

9) Poll watchers from various parties watch the voting machines during elections to minimize the possibility of fraud.

10) In all cities election days are holidays; and schools, banks, and bars are closed.

APPLICATION

1. Have students posing as candidates deliver mock campaign speeches. Examples:

   a. My name is John Smith. I'm running for president of the G.O. I live in Queens. I'd like to shake hands with everybody in this room and learn all your names. There are many reasons why you should vote for me. I'll be glad to answer any questions.

   b. I'm the pupils' candidate for president. I'm well qualified for this position. My ancestors were pupils. My father was a pupil. My grandfather was a pupil. My great-grandfather was a pupil. I propose a brand new idea—adding zip codes to telephone numbers.

   c. I want to introduce (name one of the students in the classroom) the people's choice. As his campaign manager, I am asking you to vote for him. I am asking your neighbors to vote for him. We're not making any promises which we do not intend to keep. As a matter of fact, we're not making any promises.

2. Dramatize "Registration at the Polls."

   Registrar: What is your name, please, first and last name?

   Applicant: (Gives name.)

   Registrar: Where do you reside? Are you a citizen? How many times have you voted in this district?

LEVEL: High School

AIM: To practice correct production of initial *t* (using the theme of popular music)

MATERIALS

Mirrors	Records (each speaker should have one)
Tongue depressors	Phonograph

MOTIVATION

Ask: "What make a tune a top tune?" Elicit answer which must include the words "top tune."

PROCEDURE

1. *Readiness*

   Review criteria for correct production of *t*. Place on board.

2. *Development*

   a. Each pupil is called upon to play part of a "top tune" and then talk about it for three minutes while others listen. If possible, the pupil should use a song that has at least one initial *t* in its title. If impossible, his talk should include as many initial *t* words as possible.

   b. Pupil-to-pupil evaluation follows each speech. If the speaker has made errors in pronouncing *t*, he is asked to repeat the words in which the error occurred. These words are listed on the board by the speaker who uses a mirror and tongue depressor for self-correction.

   c. Midway in the period there should be an attempt by each pupil to try the entire list of words on the board.

   d. The speeches continue with the same evaluation and checking procedures.

APPLICATION

The final summary should involve an attempt by each pupil to say correctly any five of the words on the board.

TONGUE THRUST

Description

The tongue-thrust syndrome consists of an abnormal movement of the tongue during swallowing. The movement of the tongue is forward and/or lateral, rather than to the rear. This syndrome may or may not produce orthodontic or articulation problems. The therapist may be called upon by a parent to provide therapy at the request of an orthodontist, even though a speech problem does not exist. The therapist should determine, on the basis of case load and waiting list, whether to admit this pupil or not.

The tongue-thrust syndrome, however, may manifest itself in a distortion of sibilant sounds as in the lingual protrusion lisp. For this reason

lingual protrusion lispers should be carefully screened to identify those who will require formal tongue-thrust therapy prior to work on articulation.

The tongue thruster may be identified in the following ways:

1. If an open bite or wide spacing exists between the teeth, the tongue may be directly observed during the swallow if the lips are held apart.

2. If the teeth are in normal occlusion, tension may be noted in the *obicularis oris* (ring muscle encircling the lips).

3. Ask the student to describe the movement of the tongue as he swallows.

General Suggestions

1. Thumb sucking should be eliminated prior to therapy.

2. Therapy should not be administered if a bite plate has already been inserted in the mouth.

3. Tongue-thrust therapy is generally not undertaken before the fourth grade.

4. Liaison should be established with the orthodontist since orthodontic work is generally not undertaken until completion of tongue-thrust therapy.

Therapy Sequence

Therapeutic exercises begin with the front of the mouth and work to the rear.

1. Tongue tip flexibility exercises
   a. Click tongue on gum ridge.
   b. Produce the sound *ts* with the tongue on the gum ridge as in the clicking exercise.

2. Tongue tip and sibilant exercises

   a. Recite a number of final *t* words making a strong *t* sound.

   b. Recite a number of final *ts* words with the same strong tongue action.

3. Positive pressure exercises

   a. Chew a stick of sugarless gum. When it is soft, roll it into a ball on the gum ridge with the tongue tip, flattening it out. Repeat this several times.

   b. Using saliva from a melted mint, make a slurpy sound as you draw air in. Say a series of *st* words in the same manner.

4. Resistance and gag-reflex exercises

   a. Hold down back of the tongue with a tongue depressor; push tongue up against the stick, trying to hold the stick with the tongue as you withdraw it from the mouth. Start with the middle of the tongue and gradually work back.

   b. Say the sound *ack* three times with the same tongue and palate action used in exercise 4a.

5. Posterior tongue exercise

   Make a tongue clicking sound three times. Say the word *clip* with the front of the tongue and *clap* with the back of the tongue.

6. Tongue and palate exercises

   a. Put a small mint on tongue and touch it to the roof of the mouth as you say the *l* sound three times.

   b. Hold the mint between tongue tip and gum ridge while swallowing properly. Suck the melted mint back into the throat, using good front-to-rear tongue action.

ORGANIC PROBLEMS

Where speech problems are related to organic causes, it is necessary to collect as much background information as possible for diagnostic purposes. Such information is essential to effective long-range planning and

the setting of realistic goals. The therapist will profit from the work of other professionals who may have spent a great deal of time in testing and diagnosis. When background material is not available, the public school therapist makes such referrals through the proper school channels. As this may take considerable time, it is sometimes wise to withhold therapy temporarily in cases where surgical or other techniques are necessary as a means of partly or completely correcting the difficulty. In other cases, the therapist may plan general speech improvement work for the pupil until an accurate diagnosis is obtained.

CLEFT PALATE

Description

This is a physical condition which is usually the result of a developmental failure to form a closure of the roof of the mouth. The cleft, or opening, may involve the uvula, the soft palate, the hard palate, the alveolar ridge, the gum, and sometimes the upper lip.

Characteristics of Cleft Palate Speech

1. Since there is an inability to build up sufficient air pressure in the oral cavity, plosive, fricative, sibilant, and glottal sounds cannot be adequately produced. Thus the articulation of all consonants, except possibly the nasals, *m*, *n* and ŋ, may be defective.

2. Some children with cleft palate and cleft lip have impaired hearing. They cannot articulate correctly those sounds which they are unable to hear.

3. Anomalies of the articulators, especially the lips, teeth, alveolar ridge, and soft palate, cause some of the severe articulatory distortions.

4. Diversion of air into the nose results in a nasal voice quality.

The vowel sounds have a nasal timbre, and this disturbed voice quality is one of the most conspicuous features of the speech of a child with a cleft

palate. The vowels most affected are those in which the soft palate is most strongly contracted, namely *oo* and *ee*. Often the child will try to limit the escape of air through his nose by contracting his nostrils and raising his upper lip. These muscular efforts produce facial contortions and grimaces which draw further unpleasant attention to the child's speech problem.

Placement in the Therapy Program

Placement in speech class will depend on the severity of the child's speech problem and his area of greatest need. He may be placed with a hard-of-hearing group, with delayed speech cases if he is young enough, with a lisping group, a mixed articulation class, or a voice group. In some cases, the child may need individual help or a combination of group placement and individual work. For the child to receive maximum benefit from speech enrollment, it may be necessary to try him in several groups and/or to reevaluate his placement periodically.

Therapy

Since each pupil with cleft palate needs a plan tailored to his needs, the therapist, after consultation with medical and dental personnel, parents, classroom teacher and guidance counselor, should determine the extent of defect, the degree of speech handicap, and the existence of an emotional difficulty, and set realistic goals for each student.

1. In planning for therapy, a distinction should be made between etiological speech therapy and symptomatic therapy. The etiologic therapy is done first and consists of excitation of the salpingopharyngeal muscles if they appear to be hypoactive. Exercise the soft palate to keep it flexible and to develop kinesthetic awareness, and use blowing to activate velopharyngeal closure. After etiologic problems have been treated, the next step is to handle speech symptomatic problems. Teach the pupil to distinguish between nasal and oral speech through ear training. Then teach the difference between nasal emission as opposed to oral emission during articulation. Finally, attempt to eliminate nasality and visibly associated symptoms, such as flaring of the nostrils.

2. In differentiating between nasal and oral speech, use the following helpful techniques:

   a. Interpersonal scanning. Let the child learn to recognize the differences between nasal and oral speech in another person. Speak nasally. Let the child feel the vibration around the nose, or the lack of it.

   b. Intrapersonal scanning. First use the tape recorder to allow the child to monitor his own speech. The nasal portions may be amplified for emphasis. Then direct the child to monitor his speech as he is talking.

3. Be careful of the problem of overarticulation. Many cleft-palate children tend to overarticulate in an effort to compensate for loss of function. There is also a tendency to increase the rate when fewer organs are in use. Intelligibility may often be increased to some extent merely by working on rate.

4. Work on associated facial movements with a mirror. Movements should be brought to consciousness and exaggerated. Employ negative practice and cancellation techniques to help in the elimination of facial grimacing and constriction of the nostrils.

5. Finally, make provision for any needed guidance counseling to help the student acquire an objective attitude toward his deformity.

CEREBRAL PALSY

Description

Cerebral palsy is a neuromuscular disorder resulting from damage to the brain before, during, or shortly after birth. This brain damage affects motor function. In addition to the motor handicap, there may be difficulties of perception, creating confusion in one or more of the sensory areas of hearing, vision, space and form, depth, body image, touch, and kinesthesia. Such confusion may affect thinking, writing, language, and other learning. Another complication may be a lack of emotional control. The youngster may present varying degrees of hyperactivity and distractibility. The cerebral-palsied child is often severely handicapped in speech. In some instances, there is no speech involvement; in others, the speech problem is unrelated to cerebral palsy.

Types

There are five major types of cerebral palsy: spasticity, athetosis, ataxia, rigidities, and tremors. Only the first three types are discussed here because the last two are often combined with other types.

1. *Spasticity*

   Spasticity is characterized by severe neuromuscular tension. Motor ability of all speech muscles may be impaired; paralysis of the tongue is often found; chewing, sucking, and swallowing may be affected, and drooling may result. There may be reverse swallowing waves in which food intake is propelled out.

   Problems of nasality or denasality are common. The child may have strabismus, a squinting condition, in which the axes of the eyes are not parallel.

2. *Athetosis*

   The athetoid usually is in constant involuntary movement. Coordination disturbances affect speech muscles and may result in facial grimaces. There is a high incidence of hearing loss connected with athetosis. Because of lack of tongue control, the tongue may be able to effect a particular speech position at one time but not another. Drooling is frequent. Breathing may be out-of-phase. The startle reflex in both spastic and athetoid children is readily activated, thus increasing their physical insecurity.

3. *Ataxia*

   The child who is ataxic suffers from a disturbance of equilibrium and kinesthesia. This loss in muscle sense may affect his sense of direction and involve his speech. He may not recognize his tongue position at a given time. He requires many kinesthetic, visual, and auditory clues. Although there is generally no problem of out-of-phase breathing, as there may be in athetosis, the ataxic child may need to learn greater control in exhaling. He may have halting, arhythmic speech and difficulty in changing the pitch of his voice. Drooling may or may not be present. The ataxic child may have an abnormal eye condition called nystagmus, in which the eyeballs oscillate so that it is difficult to focus for any length of time on an object or an activity. He may frequently be dizzy and nauseated.

Although certain distinctions may differentiate specific types, they are often mixed, and consequently present combined symptoms. Rigidities and tremors may combine with any of the three major types described.

Placement in the Therapy Program

Cerebral-palsied pupils with severe physical involvements are placed in an H. C. (Health Conservation) 20 unit where every type of therapy is administered intensively in a team approach. If the itinerant speech teacher encounters a youngster who has come from such a unit, it may be assumed that this pupil has had intensive speech therapy. In order to prevent regression, however, assuming that the possibility of further improvement is slight, therapy should be continued. It is suggested that such cases as well as any other less seriously afflicted ones who never attended an H. C. 20 unit be placed in a group according to their major defect (lisping, articulation, voice). It may also be advisable to give the pupil individual work, or to combine both a group and an individual approach. If the child has come from a highly protected unit environment, be more aware than usual of this child's adjustment problems. Make every effort to alert the classroom teacher and other personnel to the youngster's special needs. Be aware of the possible presence of children with "sub-clinical CP," and provide suitable cerebral-palsy therapy.

Therapy

While general methods of speech therapy are similar to those employed with all speech-handicapped children, the particular problems that stem from the disturbance of neuromotor function may require special methods. Speech may be affected by the lack of development of voluntary motor function, by the limited development of basic functions such as sucking, chewing, and swallowing; by breathing patterns; by phonation; and by tongue and lip activity. Special emphasis on sensory stimulation in kinesthetic, visual, auditory, and tactual areas is often necessary to compensate for deficiencies in one or more of these sensory pathways.

Relaxation is essential for work with a cerebral-palsied child of any type, although the degree of possible relaxation varies. The aim is relaxation at will.

The following voice problems usually appear in cerebral-palsied individuals: tense voice quality and shallow breathing in *spasticity;* uncontrolled inflection and modulation in *athetosis;* a grating, harsh voice quality and slow arhythmic rate in *ataxia.*

To improve voice, therapeutic techniques should aim at regulating breathing habits, vowel production, phonation, and the rhythmic sense. For a more detailed discussion, see the Bureau for Speech Improvement's *Cerebral Palsy Handbook.* Exercises to relieve tension in the articulators are also necessary for good voice development. To improve articulation, use exercises to control movement of the jaw, tongue, lips, and palate and to facilitate swallowing.

Confer with parents to help them to deal with the child's problem. Plan a follow-up speech program for the parents to use at home. Evaluate basic eating patterns, and if they are defective, plan a program of chewing, swallowing, and sipping through straws for home practice. If drooling still exists, techniques for its control should be emphasized. Confer with the classroom teacher in an attempt to coordinate your objectives.

Specific Procedures

Relaxation

Since tension in the articulators may be present in all types of cerebral palsy, specific relaxation exercises for these muscle groups as well as general relaxation work is helpful. Suggestions for relaxing follow.

- *Jaw:* Utilize passive movement, jaw dropping, yawning, chewing, swallowing.

- *Tongue:* Dysarthria, consisting of tongue paresis, is often present, particularly in spasticity and in the mixed type. The standard drills of tongue extension and raising may be inadvisable or impossible. Therefore, work on tongue elevation within the mouth, using peanut butter on the gum ridge. Stimulate the kinesthetic and tactual sensation on the gum ridge and tongue tip by means of gentle pressure with cotton swabs, tongue blades, or lollipops. Create resistance by pressing down gently as the child tries to elevate the tongue. With athetoid children whose tongues are often in uncontrolled motion,

it may be advisable to work directly from a sound that the child is able to make successfully, which may be used as a reference point in teaching other sounds.

- *Lips:* Lip rounding and stretching are useful, especially the movement from *oo* to *ee* and back again. Watch for asymmetric muscle tension and work for improved distribution through resistance and relaxation. Mouth breathing, malocclusion, or flaccid lips may cause lip closure to be a problem.

- *Palate:* See section on Voice, page 128, and section on Cleft Palate, page 92.

- *Swallowing:* See section on Tongue Thrust (page 89) to read about the normal swallowing pattern. Place the child's fingers on your larynx to feel the correct swallowing movement; then have the child feel the movement of his own larynx.

  Drooling may be severe. To promote *awareness,* train the pupil to recognize sensations of wetness and dryness. Use alternating pieces of wet and dry tissue on the chin to help the pupil identify these sensations. Use a mirror for visual cues. Have the pupil look into the mirror to see the saliva on his lips and chin. For *prevention* of drooling, promote lip closure by means of pieces of paper placed between the lips; lip-smacking exercises with sticky candy rubbed on the lips; frequent reminders to keep the lips closed when engaged in activities other than speaking or eating.

  Stress relaxation of other muscle groups during swallowing. To *control* drooling, use the following exercises:

1. Use a mirror

   Lips together; push back saliva with tongue.

   Lips apart; watch tongue; watch tongue tip lift to gum ridge.

   Lips apart; watch back of tongue lift to soft palate.

   Watch throat; feel throat; watch for control of saliva in the mouth.

   (This exercise is useful also for producing alveolar and velar sounds.)

2. Use sugar-free gum for chewing. Teach pupil to swallow the saliva, not the gum. Retrieve the gum after a few seconds.

3. Check to see whether or not the child can sip through a straw adequately. If he cannot do this without biting the straw, he must practice.

4. Discuss the hygienic and social aspects of drooling in order to motivate the C. P. child to develop a conscious desire to eliminate the habit.

5. Use progress charts and have the child keep his own record of drooling frequency. As reminders, use visual cues, such as brightly colored Band-Aids on a finger or a no-drooling ring.

6. Suggest to the pupil that he wear a handkerchief around the wrist to make wiping dry easy.

- *Listening:* Special emphasis on listening skills is essential. Plan therapy to improve auditory discrimination, auditory memory span, and general attention span, all of which are essential to his progress in speech.

- *Speech and Language:* Aim at all times for the most intelligible speech possible within the limitations of the handicap. It may sometimes be necessary, therefore, to accept nonstandard motor patterns to get the most acceptable sound. Employ rate control techniques emphasizing accuracy of vowel production, syllabication, stress, and rhythm to compensate for deficiencies in consonant sounds.

Sequence of Activities for a Single Lesson

1. Relaxation

2. Voice
   a. Breathing
   b. Vowels and phonation
   c. Rhythm

3. Jaw; tongue; lips; palate; swallowing

4. Motor training
   a. Articulators (jaw, tongue, lips, palate)
   b. Swallowing patterns

5. Review of previous work

6. Introduction of new material with an emphasis on listening skills

7. Drill achieved through pleasurable reinforcement

8. Application

9. Assignments

Sample Case History

Name: Paula *Age:* Nine

Medical Diagnosis: Cerebral palsy; generalized moderate athetosis with spastic elements; hearing loss requiring a hearing aid.

IQ: Normal range, but educationally retarded approximately one year.

Handedness: Right.

Speech Evaluation: Slurred, athetoid speech, with some tongue paresis; some immature speech; sound substitutions; omissions of final consonants; volume of voice inadequate, uncontrolled at times; slight drooling, mouth breathing; predominantly intelligible.

Speech Plan: Relaxation, chewing and swallowing, breath control, voice, auditory discrimination, lip closure, articulation of final consonants and of *r, l, s, z, sh, ch*.

Placement: Lisping or articulation group; also a few minutes of individual work when possible.

LESSON PLANS FOR THE CEREBRAL-PALSIED CHILD

GROUP: Mixed group in the regular clinical program

AIM: Correct articulation of medial *t*

THEME: Autumn

MATERIALS

Rexographed copies of "The Wind and the Leaves" from *Say It and Play It;* tissues for blowing; sugarless gum

MOTIVATION

"The Wind and the Leaves"

Group	*For Paula*

PROCEDURE

1. *Readiness*

a. Relaxation: Leaves falling from the tree.	Allow Paula to chew a piece of sugarless gum while the class is getting settled. Allow Paula to sit, or lean if she cannot stand securely, with her arms raised. Stress remembering the feeling of relaxation.
b. Breathing: Pretend to be the wind blowing away the leaves.	Stress quiet hands; stabilize if necessary; have Paula blow bits of tissues as leaves.
c. Vowels and rhythm: Jingles and clapping; vowel sounds.	
d. Tongue: Use mirrors; *tah, tay, tee.*	Use mirror to stress lip shapes.
e. Review: Review tongue position for *t* lipreading, using *t* words; give directions, e.g., touch your toes, tap your fingers.	

2. *Development*

Read the poem, "The Wind and the Leaves," again. Have children signal when they hear *t*. Practice *t* in vowels, words, phrases, sentences.	Say some of the words incorrectly, substituting *d* for *t*. Be sure Paula hears the difference between the voiced and voiceless sounds.

APPLICATION

Have the children "say and play" the poem.

ASSIGNMENT

Practice the poem. Underline all the *t* words in the poem and practice them.

Help Paula to underline *t* words in the classroom.

AIM: Introducing the *s*

THEME: Stop! Look! Listen!

MATERIALS

A chart: Stop! Look! Listen! Picture of a car and a tire; a country scene, preferably with a lake to relate to rowing the boat; five pictures of *s* words in the story; stick puppets with *s*; colored paper and crayons.

MOTIVATION

Begin a story (to be continued later) about children going on a picnic. The car has a flat tire. Stop, look and listen!

	Group	*For Paula*
PROCEDURE		
1. *Readiness*		
a.	Relaxation: A plump, full tire; air leaks out slowly; children grow limp; then the tire is pumped up; and they sit easily tall.	It will be easier for Paula to remain seated for this so let all be seated.
b.	Breathing: Let the air leak out through the mouth; stress small intake and slow, prolonged exhalation.	Stress closed lips on intake; help her to feel the pressing in of abdominal muscles upon exhalation.

c. Vowels: Use isolated vowel sounds with different voices. Emphasize listening and identification of appropriate voices.	Begin with a whisper and progress to auditorium voice and back again to whisper (for control).
d. Tongue: Review all tongue-tip sounds. Use "Row, row, row your boat" song; substitute tongue-tip sounds with vowels for the words. Use pantomime of rowing a boat.	Emphasize the rhythm combined with voice.

2. *Development*

Continue the story, loading it with *s* words. Ask children whether they hear one sound more often than any other. Select 5 *s* words used in the story; show pictures when possible. (Write the words from *left to right* on the board.) Say each 3 times correctly; have pupils listen; then demonstrate incorrect production.

Group	*For Paula*
Give out signs or stick puppets with the *s* sound written in crayon. Have pupils listen and raise the puppets when they hear you say an incorrect *s* sound. Have children identify from visual cues only the correct production of *s* (lipreading).	Practice lipreading and sound discrimination because of her hearing loss.
Distribute colored paper and contrasting crayons. Continue story and have children write *s* whenever they hear it.	Choose bright crayon for Paula; tape paper to her desk.
Have them make sound of leaky tires and listen to each other. Those who produce an incorrect *s* are sent to the garage. The mechanics are the children who produce the good *s*.	Check squaring the lips (insofar as squaring is possible for Paula).

APPLICATION

Play *Simon Says*. (The teacher is Simon.) The children do not follow directions when the teacher says *Thimon Thays*.

Choose physical activities in which it is easy for Paula to participate.

ASSIGNMENT

Find or draw two pictures beginning with *s* relating to the story. Write the words.

Ask parents to read aloud to Paula daily and have her raise her hand when she hears the *s*.

SPEECH DEFECTS RELATED TO HEARING LOSS

Description

The hard-of-hearing child is one who is able to develop speech and communication through auditory means although he has impaired hearing. This child may or may not be severely handicapped. He may be required to wear a hearing aid. Whether or not he is severely afflicted, his hearing problem may have affected his personality development. It has been said that of all the possible sense impairments, a hearing loss is the most isolating disability to experience. Since man is a gregarious animal, it is indeed a frustrating experience to orient himself to the world in which he cannot hear speech, footsteps, doors opening or closing, bells, and the multitude of ordinary sounds of daily life. For this reason, the hearing-handicapped individual often reacts to life situations with bizarre behavior. Since it is man's ability to speak that has turned him into a refined being, a youngster who can hear almost no speech and can produce relatively little may appear lacking in refinement. He may use crude gestures to make his basic needs known. He does not mean to be offensive, but this is the only way he can express himself, and he does so, uninhibitedly. The speech pattern which a hard-of-hearing child displays varies according to the type of hearing problem involved.

Types of Hearing Loss

A conductive type of hearing loss, which results from an abnormal condition in either the external or middle ear, will interfere with the passage of sound from the outer to the inner ear, even though the nerve of hear-

ing may be in normal working order. In this type of loss, the loudness of all tones or sounds is reduced by an equal amount. Thus, a student with this defect will hear his own speech louder than he hears the speech of others. Consequently, he may speak very softly and be inaudible in a classroom. This may be the only evident speech defect. Others with a conductive hearing loss may also exhibit denasal vocal quality, omission of final consonants, and distortions of *m* and *n*.

The child with a perceptive loss may exhibit excessive volume, nasal vocal quality, monotonous pitch, and deviations in the production of *r*, voiced and voiceless *th*, *s*, *l*, *tʃ*, *ʒ*, *z*, and *ʃ*. He has poor bone conduction and must speak loudly to monitor his own voice. The differential loss of auditory monitoring may also account for his distorted articulatory and vocal patterns, which probably occur without any awareness on his part. Research does not indicate any vocal quality characteristic of the hard-of-hearing.

Quality and intensity of the voice depend on the extent of the loss and the length of time the individual has had it. If the hearing loss occurs at an age before adequate auditory monitoring has developed, there may be some distortions of certain consonant sounds. The speech teacher should become familiar with the child, his environment, and his background in order to plan therapy which will best meet the student's unique needs.

Placement in the Therapy Program

The hard-of-hearing child should be placed with a speech group which relates best to his problem. For example, if he has serious sound distortions or omissions, he should be placed in an articulation or lisping clinic. If relatively few sounds are affected, and his problem is mainly voice development, he should be grouped with pupils who have voice problems, regardless of the etiology of these problems. If his overall pattern is unintelligible, or there is little speech, he may require individual help and/or work with a group. The ultimate decision for placement will rest with the teacher after evaluations of the child's needs.

Therapy

The goal of teaching speech and language to the hard-of-hearing student is to increase the intelligibility of his oral communication. It is important

to remember that intelligibility in speech depends upon elements other than the articulation of sound alone. Lengthening of sounds where it is required by the language, stress on the appropriate syllable, phrasing and pausing in connected speech, intonation appropriate to the meaning —all add to the intelligibility of the speaker and must be considered when planning a therapy program. It is important to remember that it takes an inordinate amount of drill to fix a sound for a child with a hearing loss because he does not hear it when he says it.

Specific Procedures

1. The phonetic method is an excellent teaching aid for hearing-impaired students because of its visual aspect. Include analysis of the articulation of the vowels, diphthongs, and consonants that are affected in the student's speech. When necessary, include an analysis of the lengthening of sounds, stress on syllables of words, stress on words in groups, phrasing, intonation, and their visual representation. The phonetic approach will also provide opportunities for auditory training so necessary for the child with a hearing loss.

2. Utilize colorful and varied visual aids to compensate this child for his aural limitations. When a word is introduced, use a picture to illustrate meaning. Employ pantomime when pictures are not available.

3. Promote enjoyment of the speech arts and of music along with direct teaching of the sound structure of speech. Choral speaking, creative dramatics, improvisations, storytelling, and singing afford desired practice material for the hard-of-hearing child in all elements of spoken language.

4. Emphasize the "look, listen, and feel" approach. The fricatives *f, v, d, t* can be corrected visually. Help the student to differentiate the voiced cognates by placing his fingers on your larynx. He feels the sound, then tries to feel it on his own throat. The plosives *t, d, k, g* must be presented in diagrams of the mouth which illustrate tongue positions; then the difference between the cognates is recognized by touch.
   For the sibilants, use diagrams for demonstrations of tongue position, feeling for voiced cognates, and cutaneous sensation for differ-

ences between *s*, *f*, and *t*, *f*. Make the sounds against the back of a student's hand: *s*, then *f*, then *t*. The pupil gets a different sensation from each sound. Then he tries to duplicate the demonstration.

Sample Tongue Placement Chart

For differentiation between voiced and voiceless cognates, use a color system in which one color (blue) is used to indicate a voiceless sound and a contrasting color (red) to denote the presence of voice.

5. Often the voice of the hard-of-hearing needs specific attention. The volume may need to be increased or decreased, the pitch may be inappropriate, and a monotonous pattern may need correction. Some of the following may be useful:

   a. Provide for practice in speaking at several loudness levels.

   b. Develop a subjective kinesthetic monitor for each pupil's own voice by practicing volume while checking it against an amplifier.

c. Practice relating pitch to meaning through the use of a portable amplifier by having the pupil's tone copy the instructor's and by having him follow the instructor's bodily expressions.

d. Moving from a sitting position to a standing position and then back to a sitting position can help to move the pitch up and down. If nasal resonance is missing, try the tactile approach (feeling breath emission against the hand from the nose as well as the mouth). Place a mirror under the pupil's nose to provide visual clues.

6. Most students with hearing loss will need work in listening skills, auditory discrimination, and auditory memory. Some may also need help in developing attention span. Auditory training will include:

   a. Discrimination between sounds

   b. Auditory training in connected speech

   c. Discrimination in loudness, pitch, quality, time, and melody

7. Language skills are necessary for the hard-of-hearing student. Cooperate with the classroom teacher to help students in their mastery of vocabulary and syntax.

PROBLEMS OF FLUENCY

Problems of fluency are concerned with a breakdown in rhythm—an inability to maintain the connected rhythms of meaningful speech. Cluttering and stuttering are the principal disorders of this problem.

CLUTTERING

This syndrome has received very recent recognition. The term was coined by Deso Weiss, a prominent psychiatrist. It is being accepted as a problem entirely apart from stuttering.

Description

Cluttering is characterized by hurry, speech hesitancy, repetition of syllables and short words, slurred speech, and the syntactic deformation

of longer sentences. It is generally accompanied by some faults of pronunciation, huskiness of voice, monotony, and/or lack of modulation. The clutterer's basic problem is rate. He tends to rush his speech. There are often substitutions, omissions, and distortions of sounds, but these occur only during rapid speech, and the misarticulation must be considered within this framework of excess speed since most clutterers can utter the same words singly or slowly without error.

The difference between the stutterer and the clutterer is that the former often has trouble initiating speech and may develop devices for helping himself to begin speaking, whereas the latter rarely has trouble starting to speak, but once begun, he continues at a rapid rate in a disjointed, often meaningless manner.

Placement in the Therapy Program

Ideally, clutterers should be placed in homogeneous groups, but this is usually not feasible in the public schools. Sometimes clutterers work well with articulation groups, but often they are grouped with stutterers.

Therapy

The clutterer must learn to control his excessive rate and excessive output. The major areas of concern are control of articulation errors, clarity of expression, and the ability to make himself understood easily. Activities to help him feel in control of his speech are most beneficial.

Often clutterers and stutterers must be grouped together. Consequently, a comparison of their similarities and differences to determine a method of therapy beneficial to both might be appropriate. Both require a relaxed environment, but the stutterer needs this environment to help free him to speak. He needs to be exposed to successful and pleasurable speaking experiences and to be given a desire to speak. The clutterer, within this relaxed environment, needs to be provided with a framework for controlling his rate and for improving his clarity. The clutterer may need to "think before he speaks," or organize himself sufficiently to express himself with ease and clarity, whereas the stutterer needs to "think less" before he speaks. To the stutterer, thinking before he speaks and worrying about his ability to speak with ease and clarity can cause anxiety and result in approach-avoidance conflicts. The clutterer, however, benefits from organizing his thoughts.

Both the stutterer and the clutterer may benefit from exercises designed to develop control of breathing. A mental hygiene approach to therapy benefits both types of speech problems. The stutterer is often anxious about his speech; the clutterer rarely is anxious, but he sometimes feels confused, unsure, and uncomfortable in speaking situations. Role-playing, creative dramatics, and choral speaking are useful adjuncts to meet these needs. Remember that the techniques for helping the stutterer differ from those for the clutterer, and plan the therapy accordingly.

STUTTERING

Description

Stuttering has been defined, described, and researched by experts perhaps more than any other speech disorder. There is a wealth of material to be read and absorbed before beginning therapy with individuals who stutter and who react with widely varying results to these therapies. The purpose here is not to present any new theories or therapies but to suggest an eclectic appraisal of current thinking on stuttering to determine areas of agreement and to evolve some basic premises upon which public school therapy can justifiably be based.

Definitions vary, but most authorities seem to accept the consensus of the Speech Foundation of America. It is generally believed that stutterers do not have discernible physical or mental abnormalities, are likely to experience fears or anxieties in relation to their speaking, are aware that their way of talking is considered unusual, and probably show signs of struggle in their attempts to produce trouble-free speech. The latest authorities espouse the common theory that stuttering is a complex syndrome with multiple causes. They agree that the "whole child," not merely the stuttering, must be treated. Psychological and personality studies indicate that the stutterer is essentially like the nonstutterer, but he may have personality adjustments that appear to bear a direct relation to the disorder. Environmental factors, particularly conflict and perfectionism in the home and/or unrealistic parental ambitions frequently play an important role in the speech development of stutterers.

The stages or degrees of stuttering have also been the topic of much interest to researchers and practitioners. Some prefer the labels of

primary and secondary stuttering; others prefer a form of beginning or advanced stuttering and accept variations within each classification. There appears to be agreement, however, on a division of stuttering. That stage, known as primary or beginning stuttering, designates the child with relatively mild though excessive or frequent repetitions and prolongations who is described as being unaware of and/or unconcerned about his disfluency. Secondary or advanced stuttering refers to a more severe disorder complicated by the tension and anxiety which result from the individual's emotional reactions to his arhythmic speech pattern. Whatever the cause of stuttering, a pattern of arhythmic speech marked by varying degrees of hesitancy, blocking, or repeating is widely recognized as characteristic. These habits of speech are symptoms rather than causes. Provided that the more fundamental problems of personality and environment are given attention, a positive approach to the practice of good speech habits is a common area of agreement.

Placement in the Therapy Program

Acceptance of the theory of primary and secondary, or beginning and advanced, stuttering is likely to be the major determining factor in grouping stutterers in a school clinic. The primary stutterer is unaware of his problem and should be treated by indirect therapy, whereas the secondary stutterer is served best by a direct approach. It follows, then, that primary stutterers and secondary stutterers should be grouped separately. Frequently, there are too few stutterers in one school to form two groups. In such cases, there is a possibility that classification with secondary stutterers may precipitate secondary symptoms in the primary stutterers; consequently, it is advisable to group the primary stutterers with children of similar age who might have voice or articulatory problems. Often stutterers can be grouped with clutterers, and therapy can be geared to both defects. Base individual placement on case evaluation and the needs of each student.

Therapy

Some general approaches to therapy follow. Acceptance of a theory of multiple etiology for stuttering leads logically to a *team approach*. If there are physical, psychological, and/or environmental needs to be met, work with the psychologist, the social worker, the parent, the classroom teacher, the psychiatrist, and the speech supervisor and encourage

their involvement. Obviously, some cases will require less than the full team mentioned. In working with young children with primary stuttering, for example, the help of a medical doctor for a physical checkup and the cooperation of the parent and the classroom teacher may be required. In an extreme case of secondary stuttering complicated by phobias and anxiety, the active cooperation of all members of a full team is needed.

The factor of personality maladjustment has received much attention in recent considerations of stuttering. So much emphasis has been put on this aspect that the question has arisen whether or not stuttering therapy is the province of the speech teacher or whether it belongs strictly to the psychiatrist. Most therapists have sufficient background in psychology and speech pathology to know when the help of a psychiatrist is warranted and to work under his direction when his help is enlisted.

The importance of psychological factors has further implications for planning therapy. The secondary stutterer will need much help in developing healthy attitudes toward his defect, in developing self-confidence in social situations, and in overcoming fears. He will benefit from experiences that emphasize his worth as an individual and that minimize his shortcomings. Include activities that display any talents he may have in nonspeaking situations and direct him toward activities that cultivate self-reliance and ease in social situations. Some stutterers may also require individual counseling to supplement group work. Role-playing, creative dramatics, sociodramas, and play therapy are useful techniques in developing healthy attitudes and in providing socializing experiences.

Theories that stress the influence of home environment on the stutterer point toward parent counseling as an important factor in therapy. For the child who has only primary stuttering and is still unaware of his problem, control of the environment through cooperation with the parents is the major aspect of treatment. With secondary or advanced stutterers, parents must actively participate in the alleviation of stress and in attitude changes in the home to effect improvement. Provide adequate time in your conference periods to meet with the parents of children who stutter. Individual parent interviews are customary. However, for some purposes, group therapy in the form of regular meetings

of the parents to discuss common problems is even more effective. The most effective counseling involves both parents, an interview often difficult to arrange during the school day. Ask to meet both parents at an evening P.T.A. meeting. Pamphlets for distribution to parents are available at the Bureau for Speech Improvement.

Creative dramatics as a technique in stuttering therapy

Environmental factors include the interrelationship between the child and his classroom teacher and between the child and his classmates, as well as his attitude toward school work. The classroom teacher is the key figure in these relationships and obviously has influence on the child's progress. A program of therapy should take this into account and provide for regular teacher conferences. One particularly effective means of enlisting the aid of the classroom teacher is to invite him to observe a session of therapy or to offer to demonstrate techniques that

will help the stutterer in his classroom. In addition, principals might be asked to consider having the speech teacher discuss such techniques at a monthly conference. Such discussion would help classroom teachers understand pupils who stutter and may be an indirect means of therapy.

Developing good speech habits for the stutterer may follow the pattern of developing good speech habits for any child. First, there is the aspect of readiness, including both the psychological and the physical. To speak well, every child must be calm. To use the speech mechanism effectively, every child must be physically relaxed to allow easy muscular movement. To speak smoothly, every child must have a sense of rhythm. It is logical, then, to assume that a calm atmosphere, relaxation exercises, and reinforcement of the child's natural sense of rhythm will help the stuttering child develop better habits of speech. Exercises of this type in the books by Scott and Thompson and by Rasmussen have been effective for primary stutterers. Techniques of physical relaxation, although admittedly aimed at symptom rather than cause, may sometimes be helpful in relieving the effort phase of secondary stuttering.

Widely accepted practices used to develop good speech habits are the teaching of smooth, natural phrasing and improved voice production. Practice of improved speech habits is presented in such a way that it leads to success and pleasure and replaces the old feeling of frustration in speaking situations. Group-speaking experiences, such as choral speaking, provide a good beginning. The child is more likely to develop confidence if his speaking experiences in the clinic begin with those that are easy for him and gradually progress toward those of greater difficulty. Therapy should eventually develop into speaking assignments that reach out of the clinic into the daily life of the child. Include practical speech situations, such as telephone calls, class recitations, oral reports, oral messages, and conversation.

Devote attention to the modification of symptoms concurrent with environmental and psychological approaches. Since changes in attitude on the part of the stutterer may take considerable time, provide immediate relief as a means of insuring the pupil that his problem is remediable. Begin symptomatic therapy when the student has shown a willingness to modify his problem. The therapeutic approach described above might be summarized thus:

1. Coordinate your efforts with those of parents, teachers, guidance counselors, school psychologists.

2. Supplement group therapy with individual work whenever possible.

3. Use techniques of group discussion, role-playing, creative dramatics, and individual counseling to help in personality adjustment.

4. Include parent counseling and teacher education as a means of developing a positive prognosis.

5. Group homogeneously, taking into account the maturity of the pupils and the degree of severity of the problem.

6. Include development of relaxation, rhythm, sensory training, smooth natural phrasing, and improved voice production to create a positive approach to speech habits.

7. Encourage a feeling of success in speaking through the practice of good speech habits in a variety of experiences presented in an order of gradually increasing difficulty.

8. Begin modification of symptom patterns as early as practicable to accompany suggested therapy.

The suggestions for therapy made here are not meant to be followed in any particular pattern but represent general directions. The essence of effective clinical work is the ability to adapt to individual need and circumstances. Therapy must not be static, but must continue to adapt and grow through careful study and planning, critical evaluation, sensitivity, and imagination.

Specific Procedures

1. Develop your own sequence by beginning where the pupils are and by moving into other activities as the pupils appear ready for them. Use a direct or indirect approach, depending on each pupil's needs.

2. Develop favorable rapport with the class by providing successful speaking situations in activities such as speech games, choral speaking, puppetry, pantomime, and creative dramatics.

3. Introduce progressive relaxation to be continued and extended in all subsequent units. Differences between relaxation and tension

should be noted. Specific techniques for muscular relaxation should be applied to various speaking situations.

4. Introduce rhythms.
   a. Clapping to various rhythms
   b. Sing-say
   c. Choral speaking

5. Introduce phrasing for rhythmic speech.
   a. Explanation of phrasing
   b. Use of pause
   c. Breath control for proper phrasing
   d. Practice rhythmic phrasing, progressing from one-phrase responses to a sentence, to a paragraph, to prose and poetry selection.

6. Apply rate control to creative dramatics, oral reading, discussion, and conversation in all subsequent lessons.

7. Help pupils develop an objective attitude towards stuttering.
   a. Studying famous people who stutter
   b. Analyzing past failure
   c. Analyzing feelings toward environment
   d. Investigating the nature of stuttering
   e. Analyzing personal assets and liabilities
   f. Making the best of one's assets. Note:
      1) Grooming
      2) Skills
      3) Health habits
      4) Social habits
      5) Athletic skill

8. Eliminate secondary symptoms.
   a. Discuss secondaries and their purposes.
   b. Note each other's secondary symptoms.
   c. Note one's own secondary symptoms.
   d. Select symptoms to be eliminated.
   e. Practice before a mirror.
   f. Practice before the group.
   g. Evaluate progress.

9. Modify the stuttering pattern.
   a. *Use easy start.* Many pupils, particularly those who have difficulty initiating speech, tend to force a great deal as they start the sentence. These pupils must be taught to use a softer attack. This is done by substituting a lazy jaw and tongue for the tense musculature that is usually found in this type of initiation. This will tend to break down the intense struggle reaction that is frequently present as speech is initiated.

   b. *Utilize "bounce" technique.* The bounce technique is most adaptable with those pupils whose speech is "frozen." It enables the pupil at least to initiate a response. It is done with a simple, easy repetition of the first sound in the first word and is continued every few words. It is inadvisable to form a set, stilted pattern that might result if the student were told to "bounce on every third word." (Example: Underlined letters indicate where bounce will take place in this sentence. A number of boys have organized a punchball game in the schoolyard. The student "bounces" on the underlined letters.)

   c. *Introduce prolongation.* Prolongation technique is demonstrated first by the teacher who reads a paragraph applying prolongation to the vowel sounds in selected words. Here also the prolongations are distributed unevenly, rather than in a set pattern. In very severe cases the pupil may have to prolong every word. After the teacher reads for the pupil, the pupil is permitted to use the technique with material that is at or below his reading level. From reading, the technique is transferred to free speech. This is easily done by having the child paraphrase what he

has just read. The prolongation acts as a volitional substitute for the actual stuttering blocks. It should be pointed out that with "prolongation" and "bounce," the technique should first be practiced in unfeared situations. The pattern should be well reinforced, and the student should have some proficiency with it before it is applied outside of the therapy situation.

d. *Employ pull-out.* The pull-out technique is a means whereby the pupil extricates himself from the block during the actual occurrence. The block is continued voluntarily, until a release or pull-out can be effected at will. This technique is used as a substitute for the undesirable habit of forcing one's way out of the block. It is very similar to the "easy start" previously described.

e. *Practice voluntary nonfluency.* Voluntary nonfluency serves as a means of exercising volitional control over what is usually an involuntary repetition and substitutes an effortless act for one of great strain. It consists of applications of the bounce technique, prolongation technique, and other techniques already described. The important thrust, here, is in application in specific situations. This is sometimes referred to as negative practice. Its greatest effect upon the stutterer lies in the fact that once the stutterer is able to apply this technique, he has developed the ability to stutter without fear of listener reaction. This is one of the major goals in stuttering therapy.

f. *Use block analysis.* Block analysis is applied immediately after a block has occurred and is a means whereby the blocks themselves are consciously modified. The pupil is taught to stop, analyze, plan, repeat.

STOP: As soon as the block occurs, the pupil should *stop.* (Vocalization is brought to a complete halt.)

ANALYZE: Analysis takes place immediately and consists of an evaluation in terms of the sound stuttered on and a description of the block indicating the speech parts involved.

PLAN: Immediately following analysis the pupil decides on alternative behavior. (How can the sound be reproduced in an easier fashion?) If the pupil blocked on the sound *b* in "boy" and his lips were pressed tightly together, unable to open to produce the sound, he might plan to close his lips very loosely and to let the jaw open in a very lazy fashion.

REPEAT: The pupil backtracks to the first word in the sentence in which the block occurred. The sentence is repeated, and the sound previously blocked on is repeated according to the *plan*. At times, a second or third repetition may be necessary to achieve success. This technique is generally more adaptable to the older stutterer (grades 9 to 12).

10. Utilize creative dramatics as a form of speech therapy.
    a. Group pantomime imitated through fingerplay
    b. Pantomime as a form of interpretation of choral speaking
    c. Dialogue with hand puppets
    d. Storytelling with hand puppets
    e. Short play for another speech group

Stuttering therapy with hand puppets

f. Radio play
   1) Performed behind a screen
   2) Performed for tape recording
g. Improvisation of dialogue for impromtu play in class

11. Apply choral-speaking techniques for speech improvement.
   a. Unison selections with strong rhythms
   b. Refrain selections
   c. Antiphonal selections
   d. Sequential selections using small groups
   e. Line-a-child selections introducing solo work

12. Apply clinical techniques to in-school activities.
   a. Answers to questions
   b. Reading
   c. Oral reports
   d. Short talks

13. Apply clinical techniques to out-of-class activities (life adjustment).
   a. Telephoning
   b. Purchasing from stores
   c. Introductions
   d. Delivering messages
   e. Making announcements
   f. Participating in interviews
   g. Taking part in discussions
   h. Taking part in plays
   i. Giving directions
   j. Conversation
      1) At dinner table
      2) On way to and from school
      3) With parents or friends
      4) With teachers
      5) In social situations

LESSON PLANS FOR STUTTERERS

LEVEL: Elementary

AIMS: To provide relaxation

To elicit one-word responses

To provide situations for fluency (using a winter theme)

MATERIALS

1. Variation of "Signs of Winter," a poem by L. B. Scott

On a big gray cloud away up high
Sat a soft snowflake in the dark sky
"I must fall," said the snowflake white.
"I must fall down to the earth tonight."

Fly, fly, fly
Down, down, from the sky!

Said the big gray cloud, "Oh, please, don't go,
For something might happen to you, you know."
But the little snowflake with a tear in his eye,
Said, "Good-bye, good-bye, I am leaving the sky."

Chorus

Then off he went, and he floated down
Till he came to a quiet town.
And there on the hard brown earth he lay.
The next day, some children came out to play.

Chorus

They said, "A snowflake has come to say
That winter at last is on its way.
Good-bye to summer, good-bye to fall,
Good-bye to little leaves one and all."

Chorus

That day, from the clouds came snowflake mothers
And snowflake fathers, and sisters, and brothers
Oh, hundreds of snowflakes came flying down,
Covering rooftops all over town!

Chorus

The children laughed, for they had a plan!
From mounds of snow, they would make a man!
Then all that day they worked very hard,
And they made a snowman out in the yard.

2. Pictures illustrating the poem

3. Crayons

4. Drawing paper

MOTIVATION

Ask children to discuss the making of a snowman or anything they like to do in the snow.

PROCEDURE

1. *Readiness*

Relaxation: Read poem about snow. Read in a soft, relaxed voice. During first chorus of "Fly, fly, fly, / Down, down, from the sky," teacher sways arms loosely in relaxed movement to the rhythm of the line. On the following chorus lines, children imitate relaxed movement and say the line together. Teacher holds up illustrations of poem as she is saying it.

2. *Development*

a. After holding up last illustration, which happens to be a snowman, ask children if they've ever made a snowman. Tell them that they are going to draw snowmen today.

b. Elicit responses, e.g.,
We're going to draw _____.
What color paper do you want?
What color will you make the snowman?

c. As pupils draw, you draw with them and verbalize what you are doing to have pupils unconsciously verbalize what they're doing.

d. Talk about what they're doing, omitting obvious final words from all statements in effort to have them fill in the word fluently:
"Now you're drawing the nose."
"And you're drawing the pipe."
"The hat is colored black."

APPLICATION

When drawings are complete, the children show and tell about them. If child is fluent in his speech at this time, he goes right on. If he is not, then elicit fluent one-word responses by pointing to the picture and saying, "This is his hat; it is colored black." Underlined word is omitted by teacher and said by child.

LEVEL: Junior High School

AIM: To provide opportunity for students to articulate problem-solving through role-playing

MATERIALS

Copies of role-playing situations
Copies of poems

FINDING A WAY

If you come to a place where you can't get THROUGH or OVER
or UNDER, the thing to do
Is to find a way ROUND the impossible wall.
Not say you'll go YOUR way or not at all.
You can always get to the place you're going,
If you'll set your sails as the wind is blowing;
If the mountains are high, go round the valley;
If the streets are blocked, go up some alley;
If the parlor car's filled, don't scorn a freight;
If the front door's closed, go through the side gate.
To reach your goal this advice is sound.
If you can't go OVER or UNDER, go ROUND.
(Author Unknown)

MOTIVATION

Read poem aloud to class. (Poem is written on board.)
Ask: "What is the main idea of this poem?" "What does the poem mean to you?" Ask for volunteers. Review stress and phrasing of each line.

PROCEDURE

Role-playing: 20 minutes
How would you solve the following problems?
Choose any of the following (on rexographed sheets):

1. You have asked a girl to the big school dance for Friday night. Your date calls you on Wednesday to say she just came down with the mumps and won't be able to attend. What do you do? (Two students needed for telephone conversation.)

2. Your younger brother refuses to do his share of the household chores, and the burden rests with you to take care of them in addition to your own chores. Discuss this with your parent and brother. (Three students needed.)

3. Your friend Harry likes to go to Joe's Pizza after the movies. You dislike pizza, but you do like hamburgers and French fries. How do you handle this situation? (Two students needed.)

4. You are giving a party and hear from friends that some boys are planning to "crash." Discuss this situation with your friends. (Three students needed.)

5. You have a very nice singing voice and would love to be in the chorus, but your teacher refuses to take you into the club. He states that you are unreliable because when you belonged to the group in the past, you always came late. Discuss this with your teacher. (Two students needed.)

6. You are very much interested in getting on an athletic team, but the coach refuses to give you permission because he states that in the past you never remembered to come in uniform. Discuss this with your teacher. (Two students needed.)

LEVEL: Junior High School

AIMS: To develop free, relaxed speech

To develop self-confidence

MOTIVATION

Discuss salesmanship and its effect on customers. Elicit that smooth, easy speech is important in sales.

PROCEDURE

1. *Readiness*

   a. Relaxation: Think of carrying heavy bundles. They make your arms tired, your shoulders tired; you feel weary. Pantomime putting bundles on desk, and stretch arms outward, upward; wiggle fingers; stretch arms back to tense and relax shoulder muscles. Yawn, stretch again slowly, slowly, and sit up.

   b. Breathing (coordinate with phrasing)

Poem

Radios blaring,
Broilers flaring,
Salesmen glaring.
How am I faring?
Dishwashers, iron and TV
All waiting for a sale by me.
Refrigerators glisten.
While you listen,
I'll talk.
You balk.
Finally we'll agree—and
You'll buy your appliance from me.

2. *Development*

   a. Words: Elicit items we can buy in an appliance store; then string words together (irons, radios, dishwashers, toasters, broilers, air-conditioners) to combine breathing and phrasing.

b. Sentences: Apply phrasing technique.

1) In sentence form state a good point about one of the appliances listed on the board. (Pretend you are the salesman.)

2) Ask a question about one appliance listed on board. (Pretend you are the customer.)

c. Discuss the customer who

1) Doesn't want to feel rushed.

2) Wants complete attention of salesman.

3) Needs a feeling of security and confidence in the salesman.

d. Discuss the salesman. He must have:

1) Unhurried speech to put customer at ease.

2) Personality—and interest in people.

3) Knowledge of product.

4) Belief in product.

APPLICATION

Role-playing. Work out a few sentences (2-4) of dialogue on board (greeting, request, salestalk). Have group discuss dialogue for a few minutes. Then have pupils work in pairs presenting the dialogue in a role-playing situation, indicating how pupils can be guided to self-evaluation of ability to phrase for smooth speech.

ASSIGNMENT

Prepare a three-minute speech about an appliance you would like to sell or buy. Bring pictures to illustrate your talk and be prepared to answer questions.

LEVEL: Junior and Senior High Schools

AIM: To recognize defense mechanisms and rationalization

MATERIALS

Rexographed copy of skit

MOTIVATION

Perform two magic tricks:
Penny in the wooden box and handkerchief torn in two

What is the purpose of the magician? (He hides reality from the public by performing tricks. We, too, perform "tricks" to hide reality from ourselves.)

How do we solve problems? Elicit flight reaction; fight reaction; compromise—adjustment to the situation.

PROCEDURE

1. *Readiness*

We have been trying to face the truth about our facial grimaces. Let's see if, in doing this, we have eliminated them.

a. Eye yourself in the mirror and count to 100. Count the times your eyes wander.

b. Describe one of your assets by reading a sentence from a list. Then look up and paraphrase the sentence as you watch the mirror. Repeat the sentence to the class as they watch, and tap every time your eyes wander away from them.

2. *Development*

a. Have a pupil report an example of flight reaction which we discussed last week.

b. Discuss each example with the class.

1) What was the problem?

2) How did you react?

3) Did you fool yourself? How?

4) What compromise solution might have been reached?

c. Read the following examples of behavior for class analysis.

1) Jane is always late. The clock stopped; her mother didn't wake her; she didn't feel well.

2) Robert didn't bring his homework. He cut his finger and couldn't write; his baby sister tore it up; he had a big test to study for.

3) Howard did poorly on his test. He couldn't study last night because he had a bellyache; the boy next to him tapped his pencil; his pen leaked and he had to keep wiping it.

4) Jerry didn't wear a clean shirt on assembly day. He didn't have it ready; he was at his cousin's and didn't get home to change.

What do these stories have in common? Elicit: "They were making excuses to cover the real reason."

d. Have a pupil define rationalization.

e. Why do we rationalize? Elicit: "We protect ourselves from criticism and justify our behavior for our own self-approval."

APPLICATION

Distribute rexographed copies of skit on page 39 of *Know Yourself* by Bryngelson, Chapman, and Hansen. Have pupils dramatize it. Elicit students' reactions.

ASSIGNMENT

For next week's discussion, bring in examples, in outline form, of your own rationalizing or any which you encounter.

VOICE

Description

As a continuation of the screening process, determine the nature of the voice defect and whether it is caused by physical or psychological conditions or by a functional disorder. The voice may be indicative of the physical and emotional condition of the pupil. If you suspect that a physical or psychological condition is the cause of the disorder, refer the pupil for further examination. If the disorder is a functional one, undertake remedial procedures immediately. Therapy for organic defects is undertaken after complete evaluation and upon recommendation of a qualified laryngologist. For referral procedure, see page 176.

Types of Vocal Difficulties

1. *Pitch*

   a. High pitch
   b. Low pitch
   c. Falsetto
   d. Monotony

2. *Volume*

   a. Inaudibility. b. Lack of projection c. Excessive loudness

3. *Quality*

   a. Hoarseness (stridency, harshness)
   b. Breathiness
   c. Nasality
   d. Denasality

Possible Causes

1. *Organic*

   a. Nodules
   b. Contact ulcers
   c. Thickened cords
   d. Deviated septum
   e. Sinusitis
   f. Enlarged tonsils and/or adenoids
   g. Cleft palate
   h. Hearing problems
   i. Glandular disturbance

2. *Functional*

   a. Poor breathing habits
   b. Abuse of vocal apparatus
      1) Inactivity of articulators
      3) Environmental forces
      3) Psychogenic factors (personality problems)
      4) Pitch below or above optimum
      5) Excessive screaming
   c. Incomplete mutation

Placement in the Therapy Program

Authorities agree that special remedial therapy should be given if the voice is so unpleasant as to interfere with communication or social adjustment. It is desirable to group voice cases homogeneously since this allows maximum use of listening and auditory monitoring skills. If

heterogeneous grouping is necessary because of scheduling problems specific to a school, the individual needs of the student must be considered in determining placement. For example, if the voice problem has emotional overtones, the student's needs may be met by including him in the speech activities planned for stutterers. Remember that frequent pitch breaks common to the onset of puberty in the male student are transient in nature and should not be treated as a defect.

Therapy

1. *Motivation*

   A pupil is rarely aware of his voice problem. He doesn't hear his voice as others hear it, and he has become accustomed to and has accepted the voice he does hear. Even when he hears his recorded voice, he may not be aware of the disorder. He may hear only what he wants to hear, or he may reject what he hears as a faulty reproduction of his voice. Most pupils need ear training before they can recognize qualities of voice in themselves and in others. Equipment, such as a tape recorder or the Echorder, is a valuable tool for motivating the student to understand his problem and to accept the need for correction.

   After a pupil has recognized his problem, he can be motivated further through demonstration of improved vocal techniques and discussion of:

   - the probability that improvement can be effected
   - the importance of voice to personality
   - the effect of voice on popularity and on getting a job
   - the influence of the voice in the acceptance or rejection of ideas

   The pupil should be made aware of these criteria of a good voice:

   - pleasant to the ear
   - suitable in pitch and volume to the place and situation
   - flexible enough to express differences in meaning, mood, and emotion
   - appropriate to age and sex

2. *General Suggestions*

a. Training in auditory discrimination

1) listening to voices and becoming aware of factors which make them pleasant or unpleasant

2) developing an appreciation of good voice through listening to recordings or through a discussion of voices on television

3) analyzing sounds according to pitch, intensity, duration, and quality

b. Establishing adequate physical bases for voice production

1) knowing the functions of the organs concerned with voice

2) developing appropriate posture

3) knowing techniques to control the respiration processes

4) identifying or sensing tension

5) relaxing muscles with stress on those concerned with articulation

c. Developing suitable pitch

1) identifying the optimum pitch level for each pupil

2) practicing appropriate pitch for specific occasions

3) practicing pitch for vocal expressiveness in the oral interpretation of prose and poetry

- varying the pitch between sounds
- varying the pitch for purposes of emphasis

d. Developing resonance

1) directing the air stream forward in the mouth

2) striving for appropriate oral opening in pronouncing vowels

3) becoming aware of velar activity and learning to control the velum in using nasal resonators (without carrying nasal resonance into vowels which follow)

4) using articulators properly in shaping sounds

5) discriminating between unacceptable and acceptable quality

e. Developing intensity or force

1) volume to situations

a) size of room

b) nearness of person to whom you are speaking

2) using technique for vocal expressiveness

a) to emphasize ideas

b) to indicate rhythm

c) to express ideas effectively

f. Developing control of tempo (rate)

1) suitable tempo: for social situations; for platform speaking

2) using techniques for developing suitable tempo: appropriate rhythm; dramatic pause

g. Developing expressiveness

1) adapting voice to communicate one's ideas and emotions

2) adapting voice to interpret thoughts and feelings

h. Carry-over in everyday speaking situations

Specific Procedures

PITCH

Problem of pitch may be classified as organic, psychogenic, or functional.

1. *Organic pitch problems* may be the result of glandular disturbances or a possible structural abnormality of the larynx. The first therapeutic procedure must be a medical referral. Further clinical work depends on the prognosis and treatment recommended by the medical specialist.

2. *Psychogenic pitch problems* are often found in the adolescent and stem from his reactions to the more mature role he must begin to assume. Group and/or individual discussions are suggested for this problem.

Help the student to explore his feelings and emotions and to understand why he feels as confused as he does. Some topics to be explored are:

Physical changes which cause vocal changes
Attitudes of others toward this change
Self-image of the student with a high pitch contrasted with the self-image of the student with adequate pitch
General self-image of adolescence
General feelings of inferiority
Specific feelings of inferiority in speaking situations
Anxiety of certain speaking situations
Nervousness caused by emotional problems and fears.

The aim of the discussions need not be to eliminate the problems which caused the pitch aberration, but to help the student understand these problems so that he can accept and use adequate pitch. It may also be necessary to incorporate some techniques for correcting functional pitch problems in these lessons so that the student will feel that he is getting specific help.

3. *Functional pitch problems* are the result of habitual use of incorrect pitch and/or tension which causes vocal strain. The first step in adjusting habitually incorrect pitch should be to establish pitch range. Have the student count, starting at the lowest pitch and going up to the highest optimum pitch; or have him sing the scale from *do* to *do* and substitute letters a, b, c, etc., for the vocal notes. Generally, the correct pitch will be one-third up from the bottom of the range.

If possible, use a piano, xylophone, or recorder to help the student proceed from his lowest tone to his highest. When the range has been established, use exercises to help increase it. With the exercise, pupils can extend the intitial limits of their range. Having students read children's stories which call for exaggerated vocal variety helps to increase the pitch range.

Optimum pitch must then be established, and the student must be able to hear himself use his optimum pitch and contrast it with his former pitch. Much ear training is needed to establish optimum pitch. Once the optimum pitch has been located, it should be practiced in nonsense syllables, words, phrases, sentences, and free speech.

Pitch problems caused by tension are treated by relaxation exercises, such as

a. Relaxing the whole body through imagery (e.g., pictures of quiet scenes, rag dolls) and music

b. Differential relaxation—concentration on a particular part of the body, relaxing and tensing certain muscles.

Relaxed vocalization with directed ear training is essential. Posture exercises to help develop optimum muscle tonus are also useful. The tape recorder, Echorder, and other devices are very useful during practice.

Exercises To Change Pitch

To develop an awareness of changes in pitch:

1. Coordinate pitch to the position of letters above, below, and on a given line

b	3
	2 4
a c	1 5

2. Progress from this to days of week, months of year, and other groups of words.

To habituate a specific pitch, follow the previous method to get pupil to desired pitch. At that point, continue letters, numbers, or words on that same pitch.

Use newly established pitch in reading and connected speech in monotone until pupil is ready for variation.

VOLUME

The most common problem of volume is inaudibility or lack of projection. This may be organic, psychogenic, or functional in origin.

1. *Organic inaudibility* may be the result of poor physical health, hearing loss, glandular deficiencies, abnormalities in structure or neuro-

logical control of vocal mechanism. As with any organically caused speech disorder, medical clearance should be obtained before therapy is begun. Then, unless otherwise directed by the physician, the exercises described on page 135 may be started.

2. *Psychogenic inaudibility* is the end result of a poor mental attitude toward communication. The student is nervous, anxious, or afraid to speak louder. He may be constantly unsure of his statements, be afraid of ridicule, or he may have a poor self-image and consequently be anxious about revealing himself. Counseling to help the student understand himself and his fears is indicated. A healthy optimistic approach to communication should be encouraged. Try to understand the student's feelings and provide him with the reinforcement needed to help him overcome his specific fears.

3. *Functional inaudibility* is the result of prolonged dysfunction of the voice. It may have begun through imitation of poor models or through poor habits of vocalization, e.g., coughing, throat clearing, grunting, screaming, yelling, crying.

Exercises to Develop Adequate Intensity

- The pushing exercise introduced by Emil Froeschels may be useful. The purpose of this exercise is to stimulate closure of the glottis. In pushing, the fists are raised to the shoulders and then pushed forcefully downward, ending in a position in front of the thighs. The student should be asked to phonate a vowel sound, synchronizing the phonation with the downward sweep of the fists. The exercise should be repeated regularly for brief periods (about one minute each time). When the student has mastered the technique, he is asked to repeat the sound, just thinking of pushing on the second phonation. He must enrich the first sound in strength and firmness. When individual sounds are correctly produced, he should practice on whole words, phrases, and sentences, beginning with pushing at the start of phonation. Finally, he should practice speaking while concentrating on the idea of pushing.

- Use exercises to develop good breath control with consequent support of tone and strength of tone.

- Provide training in active use of the articulators. Poor vocal tone is often the result of inadequate use of the oral mechanism. Exaggerated work on vowel sounds and *l* and *r* words often produces favorable results.

- Create an atmosphere of audience interest through class participation and encouragement from those students who are unable to hear the speaker. Direct the speaker's attention to the listeners who are farthest away.

- Provide voice practice in a variety of reading and speaking activities to encourage carryover. Activities in the speech arts, such as poetry reading, choral speaking, group discussion, creative dramatics, add variety and interest to lessons on voice projection.

The pushing exercise is used in voice therapy

- Role-playing and creative dramatics should aid the student in assuming the desired vocal characteristic. Suggested roles include the child, the father, the teacher.

- Associate variations in volume with changes in a group of numbers or letters (ex.: 12345, 12345, etc.).

VOCAL QUALITY

The chief problems of vocal quality are hoarseness (organic and functional), gutturalization and stridency, breathiness, excessive nasality, and denasality. It is important to discover the cause of the hoarseness. Some cases of pathological causation may need complete voice rest or surgery, and it may be harmful to give such pupils voice therapy. All cases of hoarse voice should be referred to an otolaryngologist for examination, and his recommendations should be followed. Such examinations can be arranged through the central office of the Bureau for Speech Improvement.

Organic Hoarse Voice

Vocal nodules and contact ulcers: Frequently a physician will recommend vocal rehabilitation to reduce the nodules without surgery. When such therapy is recommended or when therapy follows surgery, the pupil should follow these steps in the voice-training program:

- Learn the rules of good vocal hygiene. Avoid fatigue and smoking; develop a calm and quiet environment at home and in school; avoid hypertension in meeting difficulties.

- Change the area of vocal cord contact by changing the habitual pitch if improper pitch is causing hoarseness.

- Develop a pattern of controlled, easy breathing for speech.

- Develop a sense of general bodily relaxation.

- Develop specific relaxation of pharynx and oral cavity through proper use of the chewing method.

- Develop specific relaxation of pharynx and oral cavity through proper use of Jacobson's* techniques for progressive relaxation. Progressive relaxation should initially be taught in a supine position. The pupil is first taught to distinguish between the concepts of tension and relaxation. This is done by having the pupil hold one arm straight and raising it, pivoting only at the shoulder joint. As the pupil attempts to raise the arm, the teacher exerts manual pressure after the arm has been partially raised to prevent the arm from moving any further. The pupil should be advised to push against the resistance being offered by the teacher. After a few seconds, the pupil should be told to let the arm drop and go completely limp, like jelly. The feelings of tension felt by the pupil when resistance was being offered should be contrasted to the limp feeling of relaxation that was experienced following the period of tension.

Progressive Relaxation

The technique of progressive relaxation is based upon the concept of tension versus relaxation.

The following sequence should be taught; it constitutes *phase one* of the relaxation therapy:

1. Raise eyebrows to wrinkle forehead. Hold this position for fifteen seconds, rest for five seconds, and go immediately to the next step.

2. Close eyes in a tight squint; holding and rest time same as in step 1.

3. Bite as hard as possible, thus tightening the jaw. Hold for fifteen seconds and rest for five seconds.

4. Hunch shoulders tightly; again hold and rest as in step 1.

5. Stretch the arms as far as possible towards the feet; tense and rest the same as above.

* Edmund Jacobson, *Progressive Relaxation* (New York: McGraw Hill, 1932).

6. Arch the small of the back an inch or two from the horizontal. Tense and rest as above.

7. Stretch the legs as if to make yourself taller. Tense for fifteen seconds and rest for five seconds as above.

Reminder: Each of the preceding actions is held for fifteen seconds, followed by a five-second rest, which is immediately followed by the next exercise.

In *phase two* the same sequence is followed, but the tension phase is eliminated. The pupils are asked to relax the muscles and allow the area to become limp. In other words, each area is consciously relaxed. (Only after a proper understanding of the tension versus relaxation concept has been developed is the pupil able to accomplish this.)

Following this sequence should produce a wavelike relaxation that starts at the head and progresses rapidly to the tips of the toes. When this has been mastered, move on to *phase three* in which the pupil is asked to relax the entire body instantaneously.

In *phase four,* the pupil may be asked to relax a specific area, such as the oral musculature or the laryngeal area.

- Establish a new melody pattern to increase the range and replace the staccato emphasis.

- Shift the focus of energy from the larynx and neck to the abdomen through the use of diaphragmatic breathing. Diaphragmatic breathing is most applicable in instances where we wish to reduce or eliminate strain in the laryngeal area. When diaphragmatic breathing is used, the locus of vocal production is taken away from the larynx and placed in the abdominal area. When at rest, in supine position, an individual unconsciously tends to breathe diaphragmatically. This is easily observed. It is therefore helpful if diaphragmatic breathing is first taught by having the pupil lie on a couch, table top, or other flat surface. By placing a book on the abdominal area, the rising and falling motion of the abdomen is easily observed. The reader is reminded that this is an unconscious act. Pupils should be directed to observe the rising and falling of the book. As soon as the

abdominal movement is brought to consciousness, the breathing will generally change from abdominal to thoracic. On the first several intakes of air, expansion may be observed in the chest. If the pupil is instructed to apply manual pressure to the abdomen, the desired abdominal expansion should be achieved upon exhalation. Once the pupil is able to expand the abdomen on inhalation and deflate it on exhalation, he may begin to practice this movement in sitting and standing positions.

The following exercises will be helpful in establishing the new breath pattern:

slow inhalation—slow exhalation

rapid inhalation—rapid exhalation

slow inhalation—rapid exhalation

rapid inhalation—slow exhalation (this corresponds to the breath pattern for speech)

rapid inhalation—phonate a prolonged *ah*

rapid inhalation—count from 1 to 10

rapid inhalation—recite days of the week

rapid inhalation—recite the months from January to June; take a second breath and recite months from July to December

By the time the pupil has been taken through the above steps, he should be ready to apply the abdominal breath pattern to reading and then to speaking.

Functional Hoarse Voice

Utilize the essential steps given for organic cases with cases of functional hoarse voice. In addition, much time should be spent in removing arhythmic breathing patterns and in reducing breath pressure. Locating and using optimum pitch habitually are often found to be successful. Students must learn to differentiate between and to separate volume and pitch. Pupils with hoarseness due to personality problems should be referred to the school guidance counselor or psychologist for the development of a program of sound mental hygiene.

Guttural and Strident Voices

Pupils with strident or guttural voices need help in developing the optimum muscle set in breathing, articulation, phonation, and resonance. It is necessary to develop good bodily tonus, thus providing the pupil with a feeling of strength and ease. Training in the use of an easy rhythmic pattern for all bodily movements and relaxation of the mouth, larynx, and pharynx should be included with this group. It is often necessary to raise the habitual pitch level for guttural cases and to lower it for strident cases through the development of an acoustic and kinesthetic awareness of the optimum pitch level. A mental hygiene approach should be utilized to help the pupils develop a more positive social attitude.

Breathiness

This problem may be due either to a poor breath pattern which requires work in breathing and phrasing or to over-aspiration, for which controlled exhalation is a general goal. Ear training for discrimination between over-aspiration and correct phonation is indicated.

Excessive Nasality

Auditory training in which pupils learn to distinguish between the correct and incorrect production of sounds is an essential step in working with those whose voices are hypernasal. Exercises to strengthen the action of the velum (yawning, blowing, swallowing, reflex lifting of the velum) and to develop breath direction and oral pressure should be used when needed. A new pattern of oral resonance, using a larger mouth opening, a relaxed jaw, and a more flexible tongue and lips should be developed.

Denasality

Cases of hyponasality caused by blockage in the nose or naso-pharynx should be referred to the appropriate medical specialist. Following surgery, the denasal voice often becomes excessively nasal, and direct training of the velar closure becomes necessary. Functional denasality is usually caused by hypertension in the soft palate. Direct training in relaxation of the velum, tongue, and throat, the development of both nasal and oral resonance, and variety in volume and pitch are required to correct the problem.

LESSON PLANS FOR VOCAL GROUPS

LEVEL: Elementary

AIM: To develop an awareness of pitch changes in the voice

MATERIALS

A well-illustrated picture book of "The Story of the Three Bears." Cut out heads of Mama Bear, Papa Bear, and Baby Bear. Mount heads on sticks. The head of Papa Bear is large, the head of Mama Bear is smaller, and the head of Baby Bear is the smallest.

MOTIVATION

Discuss story of "The Three Bears."

PROCEDURE

1. *Readiness*

Review work on loudness variation. Apply variations in loudness to the stick puppets of the bear heads. Let the children hold Papa Bear's head in front of them and say, "I am Papa Bear," using a loud voice. Then, holding Mama Bear's head, say, "I am Mama Bear," using a softer voice; finally, "I am Baby Bear," using a very soft voice.

2. *Development*

Read the "The Three Bears" to the group. Have one of the children hold up the appropriate head each time one of the bears speaks in the course of the story. Use a loud, low-pitched voice as you read the part of Papa Bear, a somewhat higher pitched but softer voice as you read the part of Mama Bear, and a very high and very soft voice for the part of Baby Bear. Have a child retell the story, using a "See-Quees" board or the illustrated storybook. Have the children hold up the appropriate stick faces as they use the voice of each character. Work for voice variations primarily in terms of pitch. Do not overemphasize loudness at this time, since the combination of the two may be confusing.

APPLICATION

Have the pupil report what was noticed about different voices. Present the story again, combining variations in pitch and loudness

for the various characters. Have the pupil retell the story this time, encouraging him to combine variations in both pitch and loudness.

ASSIGNMENT

Listen to the voices of your family: father, mother, sister, brother. Listen to your own voice, your teacher's voice, and your classmates' voices. Are some voices rougher or smoother than others? Are some voices higher or lower than others? Are some voices louder or softer?

LEVEL: Junior and Senior High School

AIM: To practice using optimum pitch

MATERIALS

List suggestions for improvisations
Two tape recorders (for instant playback to corroborate the comments in the evaluation of pupils' performances and for the final summary)

MOTIVATION

Discuss improvisation, especially its use in the theater or television.

PROCEDURE

1. Have pupils list five suggestions for improvisations.

2. Set rules with assistance of pupils. These should include the suggestion by a pupil using his optimum pitch, the selection of the cast by the pupil (using optimum pitch), and the enacting of the situation by the cast, each of whom uses his optimum pitch (for the most part).

3. Have improvisations performed. After each, have pupils comment on the *vocal* successes of the actors.

4. The medial summary should review principles of improvisation and its use for this class.

5. The final summary should include comments about the success of the use of optimum pitch. It may include, too, selected playback of interesting observations.

Suggested Sequence for Vocal Hygiene

For many students who do not have vocal disorders, but can profit from general improvement in voice, the following are suggested:

Development of Basic Needs

Voice is so much an expression of personality that a change in voice effects a change in personality. Before any work is initiated, attention must be given to

Developing an appreciation of good voice as an asset in daily living

Stimulating interest in self-improvement

Developing wholesome attitudes (allaying fears, building confidence)

Encouraging a spirit of cooperation and willingness to work with others

Voice development is a slow, gradual process. Work should be slow enough so that the pupil is never presented with voice exercises beyond his ability to perform easily. Anything that might result in voice strain is dangerous and must be avoided. Ease, not loudness, should be stressed.

Improvement of Voice Quality

1. Providing ear training

   a. Directed listening (in the classroom, at home), stressing the quality of voices heard. This might include identification of persons by voice.

   b. Discriminating listening, evaluating voices heard, and selecting ones that are beautiful; listing these on charts. Definite assignments may be given in listening.

   c. Specific vocal disorders of quality, pitch, and/or volume are discussed on pages 128-141. Refer to specific techniques for each voice problem when formulating a long-range plan to meet individual class needs.

The student must hear each voice defect before he can correct it. Consequently, sufficient time should be allocated in the long-range plan to provide intensive auditory training and to teach students to listen effectively to themselves.

2. Learning how speech is made

   Motor (diaphragm)

   Vibrator (larynx)

   Resonators (oral and nasal cavities)

   Articulators (lip, tongue, teeth, hard palate, soft palate)

3. Practicing relaxation, stressing its effect on voice quality

   a. Relaxation of the whole body

   b. Relaxation of the muscles that control the speech mechanism

4. Developing good posture for good voice

   a. Definition of good posture

   b. Demonstration (sitting, standing, walking) and practice

   c. Effect of posture on voice—good and bad

5. Practicing the correct use of a conversational voice, stressing pleasant quality. Developing the vowel scale for

   a. Ear training

   b. The production of the sounds through the kinesthetic approach

6. Giving lessons on specific vowel sounds to improve voice quality as needed

7. Developing resonance

   a. Special relaxation exercises

   b. Lessons on the nasal consonants: *m*, *n*, ŋ

   c. Lessons on the tongue-tip sounds: *l*, *t*

8. Developing a flexible voice (continuing to use soft or conversational voice)

   a. Exercises for improving pitch (if needed)

   b. Exercises for developing variety in inflection

   c. Intonation

      Principles of English intonation

      Klinghardt markings

      Exercises in use of a good American intonation pattern

9. Developing a good "classroom voice"

   a. Balanced resonance. Combining the consonant sounds *m*, *n*, *z*, *ŋ*, *t*, *l* with the sound *ah* (father)

   b. Exercises for diaphragmatic breathing linked with vocalization

   c. Projection exercises. Reviewing all vowels using voice projection techniques; teaching *ou* and *aur*

10. Continuing work on improvement of voice quality

   a. Teaching *ae*, *ai*

   b. Reviewing vowels as needed

   c. Teaching *ah*, *oh*, *ow*, and other vowels and diphthongs as needed

Note: During application there should be directed listening for voice quality followed by group evaluation under teacher guidance. Suggested activities include choral speaking and practice in dramatization of conversation skills, such as friendly discussion, greetings, and introductions.

11. Developing a good "assembly voice"

   a. Resonance exercises

   b. Breathing exercises linked with vocalization

Note: These exercises may be applied in dramatic play (playing circus barker, page boy, newsboy, train announcer, auctioneer), in creative dramatics (individual characterization, short scenes from stories or plays), and in short talks and oral reports.

VOICE THERAPY TERMS

Articulation flexibility—utilization of the articulators

Changing loudness level—reducing or increasing loudness

Chewing method—chewing and talking simultaneously
Determining and establishing optimal pitch range

Ear training—identifying, eliminating, and replacing faulty vocal habits
Familiarizing students with the vocal mechanism—developing a working understanding of the mechanics of respiration as they apply to phonation

Feedback—Matching an auditory model

Humming

Imitation—auditory phonation in student's best voice

Kinesthetic awareness—ability to locate and manipulate various portions of the vocal musculature

Manipulation of speech mechanism—exertion of pressure on the thyroid cartilage to change pitch

Minimizing vocal abuses—cessation of crying, screaming, yelling, throat clearing, grunting, coughing

Modifying tongue position—position of tongue as a shaping factor of resonance

Motivation

Muscle training—training the various muscles used in speaking

Negative practice—intentional use of a previously incorrect response

Open-mouth approach—providing more oral openness while speaking and listening

Pitch inflection utilization—establish more optimum pitch levels and increase variability

Posture correction

Pushing—pushing and phonating simultaneously

Relaxing and reducing tension—responding with a minimum of energy

Resonance development—lessening tension and constriction of the resonators

Respiration (diaphragmatic breathing)—improving control of respiration

Role-playing

Sighing—open-mouthed exhalation on *ah*

Singing—combination and interaction of the mechanisms of respiration, phonation, resonance, and speech articulation

Velopharyngeal control—exercises to open and close the velopharyngeal opening

Vocal attack—utilization of a soft attack to initiate speech

Voice rest—total stopping of all phonation

Vowel practice—phonation in student's best voice production

Yawning—prolonged inspiration with maximum opening of mouth

FOREIGN ACCENT

Description

A large percentage of the population of New York City speaks English as a second language. The speech defect called foreign accent is the auditory result of the influence of the native language patterns (irrespective of the native language) on those of the second language, in this case, English. Because this problem has unique cultural implications, the speech teacher must be aware that to use the second language effectively

the student must be adaptable to a change in his patterns of intonation, stress, and rhythm. The problem of foreign accent is a broad one involving attitudes and total language learning as well as sound production.

Placement in the Therapy Program

Because of the growing numbers of Spanish-speaking children in New York City schools, the problems of foreign accent vary from district to district and from school to school. If a pupil with a foreign accent is to be placed in a speech program in the elementary schools, he should have a problem of communication with his teacher and his peers. His problem should not be confused with the problem of the non-English-speaking pupil or the pupil who is learning English as a second language. If a large portion of the school population has a similar pattern, the correction of the foreign accent becomes the province of the classroom teacher. The itinerant speech teacher should serve as a resource person. Where there is a full-time speech improvement teacher assigned to a school, this teacher should be an active participant in the speech and language improvement program. The speech clinician in the elementary school should service pupils with speech defects or disorders in their own language as well as in English. A foreign-language pupil who is not of the same background as the majority of his own school population might also be considered for placement.

It is advisable not to accept foreign pupils in speech clinics until they have a reasonably good command of English. It can, therefore, be assumed that no foreign-accent pupil will receive special service until he reaches the upper grades unless special needs exist. In the elementary and junior high school, it is not the function of the itinerant speech teacher to teach English to foreign pupils. In the high schools, speech teachers are often assigned to teach English to foreigners. These classes, which are not foreign-accent clinics, are frequently scheduled for double periods. In this case, half of the time is allotted to speech activities as suggested in the materials in the following pages.

1. In the elementary school it may be possible sometimes to schedule groups of students from foreign backgrounds in homogeneous groups, but often there are insufficient numbers to form a single group. In addition to the speech irregularities resulting from his first language, the child may have specific articulatory problems unrelated to his language background. In this case, he should be placed in the appro-

priate articulation group with individual work on rhythm, stress, and intonation as indicated.

2. In the intermediate and junior high school, it is often possible to place students in a foreign-accent class. Despite various ethnic backgrounds, these students have a common speech need. When homogeneous grouping becomes difficult, students may be programed with any articulation group that will be profitable for them.

3. In the senior high school, the situation regarding foreign-born students differs from school to school, and in any one school there can be a difference from year to year. As a result, the arrangements for these students vary considerably.

Therapy

Elementary and Junior High School Levels

In the early grades, children with foreign backgrounds are not placed in a speech class until they have mastered the second language sufficiently to benefit from therapy. Correction of obvious articulatory defects is the first concern of the speech teacher. Attention is given to vocabulary building, idiomatic usage, and sentence structure. A major portion of each lesson is devoted to the application of speech skills and to work on intonation, stress, and rhythm needs. Many of the topics outlined in the high school section will also apply to the elementary and intermediate classes.

High School Level

1. *Programing*

   English-speaking pupils with foreign accents are placed in speech classes according to one of the following three levels of American speech:

   a. Beginners—Those just beginning to understand and speak English (official grouping).

   b. Intermediate group—Those who have some basic skills with their new language but not enough for fluent conversation. This level may be divided into two classes, one more advanced than the other.

c. Advanced group—Those who can understand easily what is being said and who can communicate fairly well but who require further correction of their accent.

2. *Arranging the Group*

a. Number—Because these students need concentrated work in several aspects of speech, the class should not contain more than fifteen students. The teacher should begin with a register of 10 or 12, thus allowing for new entrants during the term. This is especially true in the beginners' group.

b. Seating (two possible approaches)

1) Arrange according to language background so that a student who has advanced a little can help a newcomer. The chief disadvantage is that students who speak the same language may be tempted to speak their native tongue rather than the new language.

2) Arrange according to length of time that English has been studied so that more individual attention may be paid to each level of competency within a group.

Note: Many students in foreign-accent speech classes have other speech problems in addition to their accent. It is necessary for the instructor, with the help of the department chairman, to decide which clinic will be best for the student.

Foreign Accent I: Course of Study

OBJECTIVES

- To teach the sounds of American English
- To aid the student in developing a pattern of spoken English which enables him to communicate clearly and without marked accent
- To improve the sounds of the student's English by correcting distortions and substitutions
- To develop other skills related to speech sounds

- To teach the use of the dictionary as an aid in determining correct pronunciation

- To expand the student's vocabulary

- To enrich the language experience of the student so that he may be better equipped to meet the challenge of both his other school subjects and the communication situations in his daily life

The Student in Foreign Accent 1

1. The student in F.A.-1 has probably completed at least one term of English. There has been some exposure to development of good American English sounds in conjunction with learning other elements of the language.

2. The first language of the F.A.-1 students may vary within one class.

3. The learning ability of the F.A.-1 students will vary greatly. Some students may carry a full load of regular academic subjects, while others may be held back in the foreign student program until more English skills have been developed.

4. In many cases the F.A.-1 class is the only one a student may be taking in the foreign student program. F.A.-1 can help the student make the transition into regular classwork with less difficulty. Since many problems the students face in the regular program are related to unfamiliarity with the English language, the F.A.-1 teacher is wise to allow some time for discussion of these problems.

Common Problems in Foreign Accent 1

1. Sound substitutions are the most common problem encountered in this course. Although students may have varied first language backgrounds, many of the sound substitutions or distortions are related to the same sound, and the teacher will be able to handle them with the whole class participating. Some of the common sound substitutions and confusions are:

   i: , i Substitution of one for the other

   s , z Substitution of one for the other,

	usually a problem of unvoicing the z
u: , ū	Substitution of one for the other
ʌ , ɜ	
θ , ð	Some languages don't have this sound, and the student will substitute another until taught how to make it
v , w	Substitution of one for the other
ʒ , dʒ	Substitution of one for the other
b , v	Substitution of one for the other

2. General lack of reading experience in English is basic to the problem of speech.

3. In most cases the student in F.A.-1 has a foreign language intonation pattern. The correction of this problem is generally reserved for F.A.-2.

4. Since English may not be spoken at home and since students may find classmates who speak their first language, they will not be challenged to learn to speak English well. Thus, students may have to speak English only during four or five of their class periods at school, and for the remainder of their time they will speak their first language. The teacher of F.A.-1 is, therefore, faced with the task of encouraging students to speak English as much as possible so that there will be more practice of what is learned in class.

Units for High School Clinics

The following seven units make up the course taught in high school Foreign Accent Clinics. (See pages 161-167 for a detailed outline of these units.)

Unit I. The Sound of American English

Unit II. Pronunciation and Vocabulary

Unit III. Oral Reading

Unit IV. Storytelling

Unit V. Group Discussion

Unit VI. Oral Reporting

Unit VII. Interviewing

Note: All of the units should be taught with the major objective in mind, i.e., to practice the sounds of American English. Drill on a particular sound or related sounds should be a part of every class period.

ADVANCED FOREIGN ACCENT

For more advanced foreign-accent groups the following should be considered:

1. Strong and weak forms of conjunctions, prepositions, articles, auxiliary verbs, personal pronouns
2. Phonetic problems
   a. Vowel confusion: ŏ and ō; o͝o and o͞o
   b. Study of remaining back vowels
3. The *ng* problem, the rules
4. Continuation of vocabulary work (prepared and spontaneous)
5. Study of American idioms
6. Pronunciation: syllable division; stress; meaning and usage
7. English intonation
8. Lengthening of vowels, diphthongs, and consonants (duration)
9. Continuation of vocabulary work (prepared and spontaneous)
10. Continued study of American idioms
11. Further Americanization projects

Daylight Savings Time	
Halloween	Mother's Day, Father's Day
Thanksgiving	Customs
Memorial Day	Living in Greater New York

12. Prepared talks

   a. Biographical matters—particularly good for first speech of the term

   b. Map talk—illustrating places lived in

   c. Timely matters—particularly related to their native countries

13. Group discussion of social, educational, domestic matters

   a. Conversation: school problems; text used as springboard; current happenings

   b. Mimeographed material (other than Americanization material per se): spelling and vocabulary lists; exercises for certain sounds according to group level

   c. Graded texts with questions for discussion; oral reading; vocabulary problems; pronunciation of problem words; sentence structure problems; vocabulary building and practice in talking (or a variation of the approach)

SPECIFIC ACTIVITIES FOR FOREIGN STUDENTS

1. *Within the classroom*

   a. A friendship party: Each foreign student invites one friend from another class. (The guest may not be foreign-born.) Invitations are written and sent. A program of entertainment including songs and dances may be planned.

   b. Dialogues in familiar situations
   Going to the grocery store, meat market, etc.
   Buying a dress, shoes, etc.
   Consulting a doctor, dentist, etc.
   Consulting the landlord
   Asking teacher, adviser, etc., for help
   Asking policeman for directions
   Applying for an afterschool or summer job

   c. Reading short, meaningful plays and skits

   d. Dramatizations: Students could dramatize their problems, with the teacher editing their work. Members of the class act in the various scenes. Eventually, skits could be performed in some of the classes that meet during the same period.

e. Discussions of problems encountered by those students

1) Getting acquainted with others

2) Learning English, especially when another language is spoken at home

3) Finding time for homework when parents must be given help at the store, etc., because they do not speak English

Note: A tape recording of these discussions allows the students to hear their own speech and evaluate it. These tapes can also be used as a basis for discussion in other classes to promote better understanding among students.

f. Speeches: Topics will vary with the interests of the pupils and their fluency. Suggested topics are: A Book, A Movie, A Visit to a Place of Interest, My Favorite Holiday or Food, School in My Neighborhood, My Family.

g. Vocabulary game: Twenty or thirty words have been assigned as homework. Class must know pronunciation, meaning, and be able to use each word correctly in a sentence. The class is organized into two teams. The teacher calls on a student from one group to give complete information about a specific word. Team gets three points for correct answer. If second member of team must be called, the team gets only two points for correct answer. The other members of the team may volunteer to use the word in a sentence, and one point is given for each correct use. The second team is given the same opportunity and gets one point for each correct use.

h. Game of password as conducted on television

2. *Outside the classroom*

a. Reading of books about minority group members and immigrants who have contributed to the culture of our country (See reading list issued by the National Association of Teachers of English.)

b. Contributing to the school paper or magazine

c. Participating in clubs or squads, such as light, costume, audio-visual

d. Preparing a bulletin board or showcase

e. Participating in assembly programs

f. Taking field trips to the United Nations; museums; the Metropolitan Opera House; Lincoln Center for the Performing Arts; the Statue of Liberty

Sound Substitutions*

These are the most frequent sound substitutions and intonation patterns of the various foreign language speakers.

ITALIAN

i:	to	ɪ	ʃi:p	to	ʃɪp	sheep
ɪ	to	i	ʃɪp	to	ʃip	ship
u:	to	ʊ	pu:l	to	pʊl	pool
ʊ	to	u	pʊt	to	put	put
ɔ:	to	oʏ	bɔ:t	to	boʏt	bought
ɒ	to	ɑ	hɒt	to	hɑt	hot
æ	to	ɑ	bæd	to	bɑ:d	bad
ɔ:	to	ɑ	bɔ:l	to	bɑ:l	ball
p^h	to	p,	$p^haīp^h$	to	p,aīp,	p:pe
t^h	to	t	$t^haīt^h$	to	taīt	tight
θ	to	t	θɹi:	to	tri	three
ð	to	d	ðeʏm	to	deʏm	them
ɹ	to	r	ɹoʏuz	to	roʏz	rose
oʏʊ	to	oʏ	noʏuz	to	noʏz	nose

GERMANIC

θ	to	t or s	θɪn	to	sɪn or tɪn	thin
ð	to	d or z	ðæt	to	zæt or dæt	that
ɹ	to	w	ɹoʏuz	to	woʏuz	rose
b	to	b̥ or p,	bi:d	to	b̥i:d or p,i:d	bead
t^h	to	d̥ or t	tɹʌbl	to	d̥ɹʌbl̥ or t,ɹʌbl̥	trouble

* From *Voice and Speech Problems* by Letitia Raubicheck and others (New York: Prentice-Hall, 1931). Reprinted by permission.

d	to	d̥	bæd	to	bæd̥	bad (final d)
g	to	g̊	dɒg	to	dɒg̊	dog (final g)
z	to	z̥	wɒz	to	wɒz̥ or vɒz̥	was (final s)
w	to	v	wʌndəfl	to	vʌndɛɹful	wonderful

SCANDINAVIAN

ɪ	to	ɛv or æ	dɹɪŋk	to	dɹɛvŋk	drink
ɛv	to	e	mɛvt	to	met	met
æ	to	ɛv	hænd	to	hɛvnd	hand
θ	to	t	θɪŋk	to	tæŋk	think
ð	to	d	ðæt	to	dɛvt	that
ʌ	to	ʊ	dʒʌst	to	just	just
dʒ	to	j	dʒʌst	to	just	just

SLAVIC

ʌ	to	ɒ	kʌm	to	kɒm	come
ɛv	to	ɛː	mɛvn	to	mɛːn	men
æ	to	ɛv	hæt	to	hɛvt	hat
ʊ	to	u	pʊt	to	put	put
ɜː	to	ɛr	hɜː	to	hɛr	her
ɔː	to	ɒv	bɔːt	to	bɒvt	bought
θ	to	t	θɹiː	to	tɹiː	three
ð	to	d	ðɛə	to	dɛər	there
ɹ	to	ʁ	dɹaʊnd	to	dʁaʊnd	drowned
ŋ	to	ŋg	sɪŋ	to	sɪŋg	sing
ŋg	to	ŋ	jʌŋgə	to	jʌŋə	younger

PUERTO RICAN

Diphthongs

ɒvʊ̈	to	ɒv			kɒvt	coat
aʊ̈	to	aʊ			daʊn	down

Consonants

pʰ	to	p.			pʰʊtʰ	p.ʊt.
θ	to	s			sɪŋ	thing
v	to	b			bɪβɪd	vivid
ð	to	d̪			d̪evī	they

*b	to	β		beɹĩβi	baby
				hju:mən bi:ɪŋ	human being
tʰ	to	t,		t,eɪĩk,	take
**d	to	ð or d̪		d̪u:	do
				ai ðu	I do
				los d̪eд̪os	the fingers
				loɹz ðeɹĩðoɹs	
l (spelled ll)		lj		k,oɹljaɹ	collar
ɹ	to	r	(trilled)	t,ri	tree
s	to	z	(when followed by a voiced consonant)	it,z leɹit,	it's late
z	to	s		p,lis	please
ʒ	to	s or ʃ		meɹsuɹ or meɹʃuɹ	measure
tʃ	to	ʃ		ʃɜ:ʃ	church
dʒ	to	h		heɹnəɹəs	generous
j	to	dʒ		dʒɔ:	your
kʰ	to	k,		k,eɪĩk,	cake
ŋ	to	ŋg		hæŋgəɹ	hanger

VOWELS

i:	to	iɹ	fiɹd̪	feed
ɪ	to	iɹ	hiɹt,	hit
æ	to	a	flat,	flat
ʌ	to	ɒ	ɒp,	up
u:	to	uɹ	fuɹl	fool
ʊ	to	uɹ	fuɹl	full
ɒ	to	ɔ	nɔt,	not
ɑ:	to	a	fad̪ə	father

JAPANESE

The Japanese substitute the voiceless for the voiced sounds. In the final position, these consonants are either omitted or unvoiced.

Initial

	s	to	z	zi:	see
ʃ and	tʃ	to	dʒ	dʒoɹŭ	show
				dʒoɹŭz	chose

*The stop-plosive is seldom used in Spanish. The sound *b* becomes the bi-labial fricative β unless *b* occurs at the beginning of a breath group or after *m* or *n*.

**The voice-plosive is seldom used in Spanish. The fricative is used in all cases unless the *d* occurs at the beginning of a breath group or before *l*, *m*, or *n*.

t	to	d	du:	to
k	to	g	gi:	key
f	to	(b)Φ	Φɔə	four

Final

ts	to	z	hæz	hats

Medial

g	to	ʒ	əʒoʊǔ	ago
z before u	to	dz	dzu:	zoo
h before ɪ	to	ç (ich)	çim	him
w is often omitted			ʊl	wool
l and r are confused and used interchangeably			pool and poor may sound alike	

The vowel sounds tend to be short. Therefore, both the long and short English vowels should be included in speech training.

Since the stress and intonation patterns in Japanese are light and unshaded, syllabication, stress, and American intonation should be taught in words, phrases, and sentences.

CHINESE

The Chinese may produce the following voiceless consonants (*p, t, k, ts, t*) with forceful breath.

The voiced (*b, d, g, dz,* dʒ) are unvoiced and are made with weak breath. This gives the effect of omission when they occur in the final position.

Distortion is focused on (ʃ, ʒ, tʃ, dʒ) because the blade of the tongue rather than the tongue tip is used in the production of these sounds. The tongue position needed for these consonants is higher in Chinese, thus causing these sounds to become fricatives in English.

The *l* and *r* are confused and used interchangeably.

ð	to	*d*	dis	this
θ	to	*t*	tin	thin

Emphasis in speech learning should be placed on all these consonants. Training is needed on both the long and short vowels in English because in Chinese the vowels are of short duration.

Since Chinese is an intoned language, there is a tendency to omit the unstressed ending in English. Focus should be placed on English stress and intonation in words as well as in word groups and sentences.

FOREIGN ACCENT CLINICS: HIGH SCHOOL LEVEL

Unit I: The Sounds of American English

GENERAL AIMS

To train the ear to identify the sounds of American English
To develop a standard of acceptable speech sounds
To correct misarticulation of sounds

EAR TRAINING

AIM: To help the student imitate sounds correctly and use self-corrective techniques

CONTENT: Language development; similarities and differences among sounds in various languages; development of the ability to monitor one's own speech

MATERIALS

Tape recorder, phonograph, films (Films may be obtained from the audiovisual department.)

PROCEDURE

Lessons for language development
Recording and playing back conversational and formal speech (Save recordings to compare with final recordings.)
Survey of class for sound distortions and substitutions, each student keeping his own record
Assignments and discussions related to the speech of radio and TV performers

ARTICULATION

AIM: To teach the correct production of each sound in American English

CONTENT: Only enough physiology of speech to furnish students with a basis for discussing placement, breath control, and use of vocal cords; meaning of such terms as voiceless, voiced, and nasal; correct production of each sound; diacritical marks

MATERIALS

Tape recorder; drills prepared by teacher and pupils
Improving Your Speech by Raubicheck

PROCEDURE

Lessons on basic articulation
Consonant and vowel charts to be filled in by students
Demonstration by students of an understanding of all concepts studied
Practice and drill of all sounds studied
Lessons on diacritical marks and use of the dictionary. (This unit is continued throughout the term during the drill portion of each period, the drill comprising the most important part of the course. After completing a survey of all sound production, a concentration on those sounds which need the most work must begin at once.)

Unit II: Pronunciation and Vocabulary

GENERAL AIMS

To teach the pronunciation of new words through the use of the dictionary
To use new words in everyday conversation (i.e., to enlarge student vocabulary)

DIACRITICAL MARKS

AIM: To teach the sound identification of each diacritical mark

CONTENT: Rules to determine the correct sound for each letter representation; how to use a standard dictionary and the pronunciation key

MATERIALS

Vowel and consonant charts; dictionary; teacher-prepared word lists

PROCEDURE

Development of charts with diacritical marks
Matching key words already familiar to students
Oral exercises in which students identify diacritical symbols
Use of word lists

SYLLABLES AND SYLLABLE STRESS

AIM: To teach the concept of syllabication differences between students' first language and English

CONTENT: Concept of syllabication; syllable stress; students' native language patterns compared to those in English

MATERIALS

Word lists; dictionaries; tape recorder

PROCEDURE

Use of word lists and dictionary work in classroom exercises
Chalkboard work by students to demonstrate correct syllabication
Oral exercises for correct use of words in sentences
Taped readings to demonstrate problems of individual students

Unit III: Oral Reading

GENERAL AIMS

To use correct sounds in reading
To improve the student's oral reading ability
To expand the student's knowledge of the English language

DIALOGUE READINGS

AIM: To achieve carry-over of learned skills in readings that simulate everyday conversation

CONTENT: Idioms; slang; standards of English speech

MATERIALS

Everyday dialogues; tape recorder

PROCEDURE

Dialogue readings from texts
Writing, recording, and evaluating dialogues by students
Making corrections as pupils read

INDIVIDUAL PROSE READINGS

AIMS: To achieve correct sound carry-over in formal reading
To help students gain poise in reading before the class

CONTENT: Determining the meaning of the selection; preparing for oral reading; presenting oral readings

MATERIALS

Reading selections (*Reader's Digest Reader* (Book 1), *Modern Reading*); tape recorder

PROCEDURE

Lessons on preparation and presentation of oral readings
Offering sample selections from which students choose
Preparation of original selections by students
Class evaluation of presentation and of sounds
Tape recordings made and played back

CHORAL READING

AIMS: To increase precision in articulation
To familiarize student with English and American poetry

CONTENT: Explanation of choral reading techniques; explanation of syllable stress in English poetry

MATERIALS

Poetry anthologies (*The Reading Chorus* by Helen Hicks is recommended.)

PROCEDURE

Lessons on choral reading techniques
Beginning with a poem which the whole class may read
Experimenting with various combinations of light, medium, and dark voices of boys and girls
Breaking up the class into small groups and working on poems and readings suggested by either teacher or students
Presenting readings to other classes

POETRY READING

AIMS: To continue work begun in choral speaking unit
To allow students to gain satisfaction from their improvement

CONTENT: Introduction to popular American poets; use of sounds in poetry: consonance, assonance, alliteration

MATERIALS

Poetry anthologies; tape recorder

PROCEDURE

Lessons on popular American poets and or sounds in poetry
Presentation of individual readings to the class
Taping and playbacks of individual readings

Unit IV: Storytelling

AIM. To apply correct sound production to communication without benefit of the printed page

CONTENT: Plot of a story; establishing mood; creating characters and suspense; story sources and selection; how to tell the story

MATERIALS

Your Speech by Francis Griffith and others; recordings and books of short stories

PROCEDURE

Teacher demonstration of storytelling and recordings of stories
Lessons on developing plot, mood, characters
Elicit criteria needed to tell a story well
Stories told by class members with evaluation of content and sounds

Unit V: Discussion

GENERAL AIM

To apply correct speech sound production to the spontaneous exchange of ideas

THE PANEL DISCUSSION

AIM: To practice correct sound production in a situation that provides for both extemporaneous and impromptu speaking

CONTENT: Forms of discussion; selection of panel discussion topics; procedure for conducting the panel discussion; audience responsibility

MATERIALS

Your Speech by Griffith; *Speaking Well* by Reid; current news magazines

PROCEDURE

Lessons on topic selection, panel discussion techniques, audience participation
Dividing class into panels to prepare and present discussion
Evaluating discussions and individual speech sounds

Unit VI: Oral Reporting

AIMS: To provide the student with an opportunity to use a conversational style of speech in a more formal setting

To offer evaluation of individual sound improvement

CONTENT: Topic selection; organization and presentation of the oral report

PROCEDURE

Lessons on topic selection and organization of the oral report
Presentation and evaluation of reports (Reports may be recorded.)

Unit VII: The Interview

AIMS: To provide an activity for both prepared and spontaneous application of correct speech sounds

To teach the basic method of interviewing

CONTENT: Interview procedures

MATERIALS

Your Speech by Francis Griffith; tape recorder

PROCEDURE

Lessons on interview procedures
Division of class into interview teams, each preparing and demonstrating an interview

Appendixes

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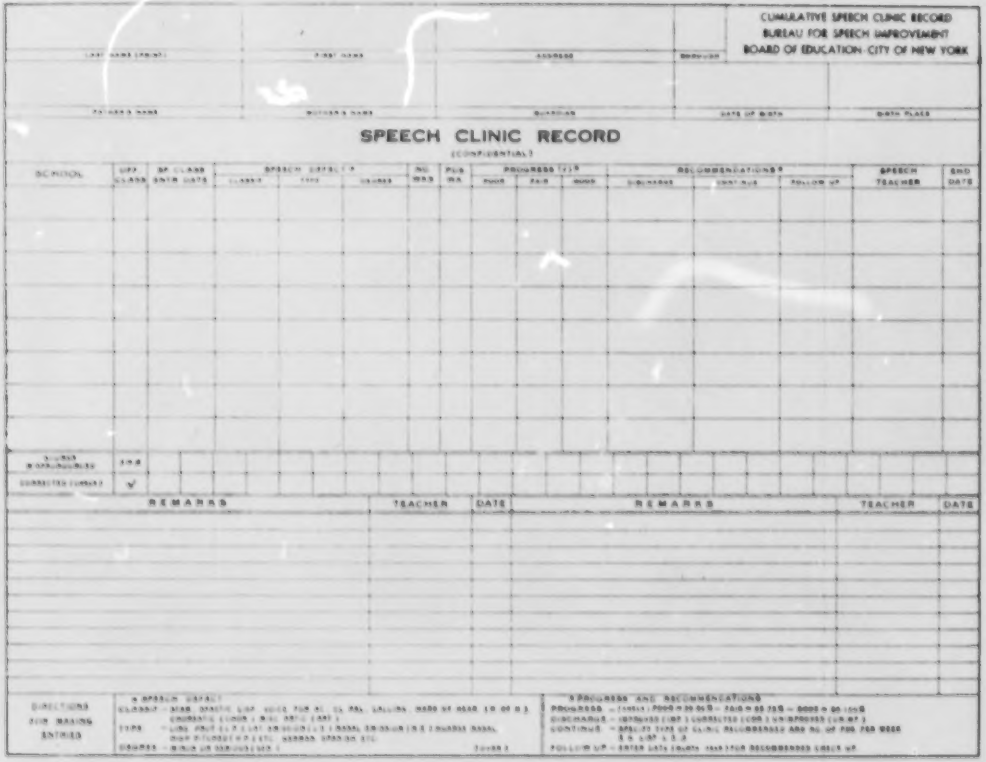

CUMULATIVE SPEECH CLINIC RECORD
BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION · CITY OF NEW YORK

LAST NAME (PRINT) | FIRST NAME | ADDRESS | BOROUGH

FATHER'S NAME | MOTHER'S NAME | GUARDIAN | DATE OF BIRTH | BIRTH PLACE

SPEECH CLINIC RECORD

(CONFIDENTIAL)

SCHOOL	GR. CLASS	DATE ENTR.	SPEECH DEFECT			No. WKS	Pupil Att.	PROGRESS			RECOMMENDATIONS			SPEECH TEACHER	END DATE
			CLASS	TYPE	DEGREE			POOR	FAIR	GOOD	DISCHARGE	CONTINUE	FOLLOW UP		
SCHOOL ATTENDED	1A-2														
CORRECTED (CHECK)	✓														

REMARKS	TEACHER	DATE	REMARKS	TEACHER	DATE

DIRECTIONS FOR MAKING ENTRIES

A SPEECH DEFECT

CLASS? – ARTIC. DYSPHO. LAR. VOICE FLUE. RET. CL. PAL. LALLING HARD OF HEAR. LIP OR P.S.

(ORGANIC) (LISP.) (W.S.) (AR.)

TYPE – LIMP. SPAST. (L.P.) (L.SP.) (B.SP.) (L.) (BASAL) (B.SP.) (R.) (MARGIN BASAL)

(MID P.) (POST.) (L.P.) (ETC. – MARGIN SPREAD ETC.)

DEGREE – (MILD OR SEVERE) (ETC.) Turner

B PROGRESS AND RECOMMENDATIONS

PROGRESS – (POOR = 20 OR 0 – FAIR = 40 TO 25 – GOOD = 60 TO 50)

DISCHARGE – (DISMISS (DP.) (CORRECTED (COR.) (UNIMPROVED (UN.IM.))

CONTINUE – (RESULTS OF CLINIC FOLLOWINGS AND NO. OF PUPIL PER WEEK

1 S. 1/2 P. 1 S. 2

FOLLOW UP – ENTER DATE (MONTH AND YEAR) RECOMMENDED CHECK UP

CASE HISTORY ENTRIES

CASE HISTORY ENTRIES*

CODE SYMBOLS
- T = TEACHER COMMENTS
- PR = PARENTAL REPORT
- DR = PHYSICIAN'S REPORT
- GR = GRADE ADVISER'S REPORT
- TPC = TEACHER-PARENT CONFERENCE
- TGC = TEACHER-GR. ADV. CONFERENCE
- TSC = TEACHER-STUDENT CONFERENCE
- TAC = TEACHER-AGENCY CORRESPONDENCE

DATE	CODE SYM.	ENTRIES WITH TEACHER'S SIGNATURE	DATE	CODE SYM.	ENTRIES WITH TEACHER'S SIGNATURE

DIRECTIONS FOR MAKING CASE HISTORY ENTRIES

NOTE: MAKE ENTRIES FOR ONE OR MORE OF THE FOLLOWING ITEMS ONLY IF SIGNIFICANT

HOME INFLUENCES (LANGUAGES SPOKEN, SPEECH DEFECTS IN FAMILY, HOME PROBLEMS, ETC.)

PERSONAL HISTORY (CHANGES OF ADDRESS AND SCHOOL AND RELATIONSHIP ADJUSTMENTS TO HOME, SCHOOL, PEERS; HOBBIES, INTERESTS, HANDICAPS; PERSONALITY TRAITS, ETC.)

HEALTH HISTORY (CHRONIC DISEASES; PRESENT OR PAST CONDITIONS; WEIGHT, HEIGHT, AND RELATIONSHIPS; OPERATIONS AND TREATMENT; CURRENT CONDITIONS)

SPEECH HISTORY (DATE OF ONSET OF SPEECH PROBLEM; SYMPTOMS; FAMILY'S SPEECH HISTORY; ILLUSTRATIONS

DIAGNOSTIC FINDINGS OF SPECIALISTS (ORGANIC DEVIATIONS; PHYSICAL AND NEUROLOGICAL SYMPTOMS; ETC.)

THERAPY (TREATMENT; CLINICAL PROCEDURES AND TYPES OF SPECIALISTS; ORTHODONTIA; SURGERY; HEARING AID; ETC.)

TESTS (DATA; NAMES OF TESTS; SCORES AND DATES — I.Q., TRAINING, ACHIEVEMENT, PERSONAL, ETC.)

FOLLOW-UP DATA (SIGNIFICANT FINDINGS IN SCHOOL LIFE AFTER DISCHARGE FROM CLINIC)

REQUEST FOR CLINICAL RECORD

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Teacher of Speech Improvement

Public School No. _____

_____

_____

Dear Colleague:

Your former pupil, _____, is currently enrolled at _____.
(School)

Kindly forward this pupil's Speech Clinic Record to me at this address: _____

Sincerely yours,

Teacher of Speech Improvement

REQUEST FOR DATA FROM OUTSIDE AGENCY

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

_____

_____

_____

Dear Sir:

Please forward duplicate clinical records and/or other pertinent information you consider helpful in the case of _____, a pupil at _____ _____, who has received treatment at your center.

In anticipation of your request, I have enclosed herewith a signed release for this information.

Thank you for your cooperation.

Sincerely yours,

_____
Teacher of Speech Improvement

_____
Address

PARENTS' PERMISSION TO RELEASE INFORMATION

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____

_____

_____ _____, 19__

TO WHOM IT MAY CONCERN:

I,_____, parent of

_____, clinic no._____,

hereby give my permission to have all pertinent and

confidential data released to_____,

at_____.

Yours truly,

_____

REQUEST FOR HEARING EVALUATION

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Director
Hearing Conservation Clinic
P. S. 47
225 East 23 Street
New York, New York 10010

Dear Sir:

The bearer of this note is _____
(Name)

_____ _____, a
(Date of Birth) (Home Address)
pupil in _____, Borough of _____.

Please return a copy of your findings to the teacher of speech improvement. _____
(Name)

_____.
(School Address)

Thank you for your cooperation.

Sincerely yours,

_____
(Name)

REQUEST FOR LARYNGOLOGICAL EXAMINATION

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Dr. John F. Daly
Faculty Practice Offices
University Hospital
566 First Avenue
New York, New York 10010

Dear Dr. Daly:

The bearer of this note is _____
(Name)

_____ _____
(Date of Birth) (Home Address)
pupil in _____, Borough of _____.

The speech teacher is _____.

The speech defect is _____.

Sincerely yours,

John E. Lent
Acting Director of Speech Improvement

Examination Date: _____

IMPORTANT

PARENT: If you cannot keep this appointment at Dr. Daly's office, please telephone him at OR 9-3200, Ext. 3232.

LARYNGOLOGICAL EVALUATION

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

To the Laryngologist:

The Bureau for Speech Improvement requests a laryngological examination of _____ _____
(Name) (Address)

_____ _____
(Age) (Telephone)

as part of a speech reeducation program. The speech examination revealed _____

Thank you for your cooperation.

_____
Teacher of Speech Improvement

Nasal Examination

Are the nasal passages normal in size and shape? _____
Are there any deviations or obstructions in the nasal passages? _____
Is there any congestion in the nasal passages or sinuses? _____
Where? _____
Is there a postnasal drip? _____ To what extent has the postnasal drip influenced other areas? _____

Laryngological Examination

Is the palate unusually high or narrow _____
Is the uvula normal in size and shape? _____
Are sensory and motor abilities of the soft palate normal? _____
Is the epiglottis abnormally low? _____
Are any areas of the pharynx inflamed? _____
Are the vocal cords normally developed? _____
Are the vocal cords abnormally thick? _____
Is there complete closure of vocal cords during phonation? _____
Is there paralysis of the vocal cords or arytenoids? _____
Are there nodes on the vocal cords? _____
Is there mucous on the vocal cords? _____
Are the vocal cords inflamed? _____
Recommendation for treatment: _____
Prognosis: _____
Would corrective speech work be harmful at this time? _____
If so, how long should work be postponed? _____
Have you communicated your finding to patient or parent? _____
Comments: _____

_____
(Examiner)

REFERRAL TO GUIDANCE COUNSELOR, NURSE, OR DENTIST

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

TO: Guidance Counselor, Nurse, Dentist (Cross out one.)

SCHOOL _____ AGE _____

PUPIL _____ CLASS _____

ADDRESS _____ DATE _____

Reason for referral (State problem.)

Approved:

_____
Principal

TO: _____ NAME OF PUPIL _____
Speech Teacher

We have received your referral and are planning

_____

_____

_____

_____

_____

_____

_____

REFERRAL TO SPEECH CENTER

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

Date _____

Note: Fill out in duplicate (1 copy to supervisor; 1 copy to Speech Center)

Speech Center in P.S. ___ District ___ Superintendent _____
Referring Speech Teacher _____ at P.S. _____
School Address _____
Name of Pupil _____ Date of Birth _____
Address _____ Phone _____
Parent (or Guardian) Mother _____ Father _____

Test Results
Reading Name of Test _____ Date _____ Score _____
Math Name of Test _____ Date _____ Score _____
Achievement Name of Test _____ Date _____ Score _____

Attendance: Regular _____ Irregular _____

Health History (significant data) _____
_____

Classroom teacher's evaluation of child's behavior and ability to function in a regular classroom: _____
_____
_____
_____

Speech Problem Analysis:
General Classification _____
_____
Degree of Severity _____
_____
Possible Causes _____
_____

Attitudes (Fill in if information is available.)
Social attitude toward: Family _____ Peers _____
Teachers _____ Speech Class _____

Parental attitude toward the child and his problem: _____
_____

Speech Center teacher's disposition of case: _____
_____

FORM TO IDENTIFY STUDENT'S SPEECH PROBLEMS

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, N.Y. 11201

TO: Teacher of Speech Improvement

Student's Name _____ Class _____

VOICE

Quality: hoarse; low; unusual pitch patterns; other

_____

Pitch: high; low; unusual pitch patterns; other

_____

Volume: too loud; too soft; other _____

ARTICULATION

Rate: too rapid; too slow; other _____

Rhythm: jerky; uneven; foreign; other _____

Phonemic pattern (sounds and/or words): slurred (mumbling); pedantic; foreign; immature _____

LANGUAGE

Delayed; paucity of vocabulary; usage _____

RELATED PROBLEMS (e.g., poor reading, mirror reading; other observations) _____

_____

*Submit with Speech Therapy Referral Form

LETTER TO FACULTY REGARDING SPEECH PROGRAM

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Dear Colleagues:

Speech improvement classes will be held every _____ in room _____. You will receive a schedule card noting the names of your pupils and the time assigned to them. Please keep this schedule card in a conspicuous place where it can be checked each week. Children should be sent to speech class on time and should be reminded to bring their speech notebooks and pencils.

Please make referrals and inquiries in writing and place them in my mailbox in the general office. I shall give them my prompt attention.

Many thanks for your cooperation in these matters. The success of the speech program depends on our working together.

Cordially yours,

_____
Teacher of Speech Improvement

LETTER TO FACULTY ABOUT STUDENT IN SPEECH CLINIC

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Dear _____:

_____, a student in your _____
(Name) (Subject)
class, is enrolled in the _____ speech
(Type of clinic)
clinic this term.

May I ask you to observe his speech performance in your classroom situation and to commend him whenever possible.

Should you need any help regarding this student's speech, I will be available to discuss the matter at our mutual convenience.

Yours truly,

_____
Teacher of Speech Improvement

SPEECH THERAPY REFERRAL

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

TO: Teacher of Speech Improvement

Please test the speech of the child listed here.

SCHOOL _____ AGE _____

PUPIL _____ CLASS _____

ADDRESS _____ DATE _____

REFERRED BY _____

REASON FOR REFERRAL: _____

_____

(See Form to Identify Student's Speech Problems for categories of speech, language, and voice problems.)

Specific information, if relevant:

Reading level _____ Mathematics level _____

* Submit with Form to Identify Student's Speech Problems.

TO: _____
(Class Teacher)

PUPIL _____

_____ Will be scheduled for speech class at _____

_____ Will be placed on a waiting list.

_____ Does not require speech therapy.

Thank you for your cooperation.

_____
Teacher of Speech Improvement

LETTER TO PARENTS

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
(Date)

Dear Parents:

This is to notify you that your son/daughter _____ has been admitted to the special speech therapy class.

This class meets each week on _____ at _____

There will be written and oral assignments each week. In order that these lessons may be most effective, please see that your child practices with a mirror each day. It is also necessary for your child to have a notebook and pencil with him for each speech therapy class.

Conference hours are at _____ on _____ in room _____. If you wish to discuss your child's problem, please write for an appointment.

Thank you for your cooperation.

Very truly yours,

_____
Teacher of Speech Improvement

Dear _____

Yes, I would like to have a conference with you to discuss my child's speech needs and find out what I can do to help my child improve his speech.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

LETTER TO PARENTS: SPANISH

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
Date

Estimados Padres:

La presente es para notificarles que _____ _____ ha sido admitido a la clase especial para mejorar su habilidad para hablar inglés correctamente.

Esta clase especial se reune cada semana el _____ a las _____AM/PM.

Habrá una asignación escrita y una oral cada semana.

A fin de que estas lecciones sean efectivas, ¿podrá Ud. tener la bondad de hacer que su hijo(a) practique en la casa naciendo uso de un espejo todos los días?

Es también nesesario que traiga una libreta y un lápiz a la clase.

Mis horas de entrevistar son _____ a las _____ en el _____.

Si desea discutir algún problema de su niño tenga la bondad de podirme una cita.

Gracias por su cooperación.

Atentamente,

Teacher of Speech Improvement
(Maestro de Dicción)

LETTER TO PARENTS: FRENCH

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
Date

Chers parents,

Nous voudrions vous aviser que votre fils (fille) a été admis(e) dans une classe spéciale et corrective de locution.

Cette classe se réunit le _____ à _____.

Les élèves seront chargés de faire chaque semaine des devoirs oraux et écrits. Pour assurer le succès de ces leçons correctives nous vous prions de bien vouloir surveiller l'exercice quotidien de ces devoirs devant une glace. On exige également que votre fils (fille) apporte avec lui (elle) à chaque réunion de la classe corrective un crayon et un cahier.

Mes heures de consultation sont le _____ de _____ à _____ dans la salle numéro _____. Si vous voulez discuter avec moi les difficultés de locution de votre fils (fille) veuillez m'écrire pour fixer un rendez-vous.

Tout en vous remerciant de votre coopération, je vous prie d'agréer mes sentiments les plus cordiaux.

_____
Professeur de locution corrective

J'accepte volontiers votre invitation à discuter les difficultés de locution de mon fils (ma fille) pour apprendre en quoi je puis l'aider.

Nom:

Adresse:

Téléphone:

LETTER TO PARENTS: RUSSIAN

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, N. Y. 11201

_____
Дата

Дорогі Батьки !

Повідомляємо Вас, що Ваша дитина _____

є допущена до особливої мовної терапевтичної кляси.

Лекції відбуватимуться кожного тижня в _____

у _____ .

Кожного тижня діти матимуть усне і писане завдання. Для успішности цих лекцій, подбайте, щоб Ваша дитина щодня вправляла вимову при помочі дверкала. Також подбайте, щоб Ваша дитина мала зошит і олівець на кожну лекцію.

Мої урядові години є в _____ у _____

в кляс і _____.

Коли бажаєте поговорити про проблеми Вашої дитини, наперед напишіть до мене про признання / " апойнтмент " /.

З пошаною,

_____
Учителька мовної терапії

_____ _____ _____ _____ _____ _____ _____ _____ _____

Дорога _____ !

Так, я бажаю мати з Вами нараду, щоб поговорити про мовні потреби моєї дитини і про те, як могла б я помогти їй у цій справі.

Імя й Прізвище: _____
Адреса: _____

Телефон: _____

LETTER TO PARENTS: ITALIAN

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
Date

Gentili Genitori,

Con questa vi avvisiamo che vostro figlio (vostra figlia) è stato iscritto (stata iscritta) in una classe speciale e correttiva per il parlare.

La classe avrà luogo ogni _____alle ore _____.

Gli studenti avranno da fare dei compiti scritti ed orali **ogni settimana. Per effettuare il successo di queste lezioni** bisogna che lo studente eserciti giornalmente le sue lezioni davanti ad uno specchio. È necessario anche che vostro figlio (vostra figlia) porti con sè un quaderno ed una matita ogni volta che si presenti in questa classe speciale.

Le mie ore d'ufficio sono _____di_____ nella sala N._____. Se desiderate discutere il problèma a reguardo di vostro figlio (vostra figlia) abbiate la bontà di scrivere per fissare un appuntamento.

Vi ringrazio anticipatamente per la vostra cooperazione.

Cordialmente,

_____

Egregio _____

Accetto volontieri il Suo invito per discutere i problemi linguistici di mio figlio (mia figlia) per così essere d'aiuto. Vorrei fissare un appuntamento che sia conveniente ambi le due parti.

Nome:

Indirizzo:

Telefono:

LETTER TO PARENTS: CHINESE

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, N. Y. 11201

敬啟者學生_____Name of Pupil_____經錄名登記參加
英語會話進修班每星期_____Day of Week and Time_____
上課練習每天將有特別家課以予協助
閣下如欲商談閣下子女會話問題請與
本部約會時間
此致

貴家長

會話進修指導
謹啟上

敬啟者為敬子女_____Name of Child_____英語會話進
修一事，茲欲與閣下一談，請通知方便
時間，此致

謹啟上

家長_____Parent's or Guardian's Name_____
地址_____Address_____
電話_____Telephone Number_____

LETTER TO PARENTS: GREEK

ΓΡΑΦΕΙΟΝ ΠΑΙΔΕΙΑΣ ΝΕΑΣ ΥΟΡΚΗΣ

110 LIVINGSTON ST.

BROOKLYN,N.Y.

'Ημερ._____

'Αγαπητοί Γονεῖς,

Σᾶς πληροφοροῦμεν ὅτι τό παιδί σας_____
ἔχει γίνη δεκτό εἰς τήν εἰδικήν τάξιν ὁμιλίας.

'Η τάξις αὐτή λειτουργεῖ κάθε ἑβδομάδα τήν_____
εἰς_____

Θά γίνεται γραπτή καί προφορική ἐξέτασις κάθε ἑβδομάδα.

Διά νά εἶναι πιό ἀποτελεσματικά αὐτά τά μαθήματα, παρακαλεῖσθε ὅπως προτρέπετε τό παιδί σας νά ἐξασκῆτε κάθε ἡμέρα μέ ἕνα καθρέπτη. 'Επίσης εἶναι ἀπαραίτητο νά ἔχη μολύβι καί τετράδιο μαζί του.

Αἱ ὧραι συνεντεύξεως εἶναι εἰς_____
τήν_____δωμάτιο_____

'Εάν ἐπιθυμῆτε νά συζητήσετε τό πρόβλημα τοῦ παιδιοῦ σας παρακαλεῖσθε νά μοῦ ζητήσετε συνέντευξιν.

Σᾶς εὐχαριστῶ διά τήν συνεργασίαν σας.

Μετ'ἐκτιμήσεως

'Η Διδασκάλισσα τῆς ὁμιλίας

XXXX

LETTER TO PARENTS: YIDDISH

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____ טיטערס אלטערן,

מיר וועלן אויך אין דער קומענדיגער וואך פארזוכן צו באקומען _____ אין
בי קלאס קומפט ביז צוצאמען יעדע וואך אויף _____ אין דינס שוויסע
מוס ס'טאר אוסזיין.

ז"ג: _____. אם וועט ניט שטימען מיר אויפצוגעבן אין אירער ס'קול-ארבעט ביז
וואך. אז ד' ארקעט רופט מיר אויפצוגעבן אין אירער ס'קול-ארבעט ביז
אויבן קינד פראקטיק אוט א שוועסטער, יעדען טאג. אויבן קינד ארבעט
אויבעט האבען א גלייבן אן א בוך יעדען קלאס. מיר קומען צוזאמען
אויף _____ טעלעפאן אויף _____ אין צימער _____. אויב איר וועט
ז האבעלען אויבן קינדס פראבלעמען מוס אונז שטיפ ערשטן אונז א בריוו.

_____ שפראכלעהער טעטער

יא, איך בין פון פולוויל צו דיסקוטירן וועגן מיין קינדס שפראך
פראבלעמען; און ניט נאר איך וויל אויך נאך אויס צו פרעגן.

נעמען _____

אדרעס _____

טעלעפאן נאמען _____

INVITATION TO PARENTS TO CONFER

BOARD OF EDUCATION OF THE CITY OF NEW YORK
BUREAU FOR SPEECH IMPROVEMENT
110 Livingston Street
Brooklyn, New York 11201

_____
Telephone Number of School

_____
Date

Dear Parents:

A recent survey shows that your son/daughter can profit from work in speech. I have, therefore, scheduled him for speech on _____ at _____.

I shall be glad to have you help. You can, I am sure, give me information and advice which will make my work with your _____ more effective. Won't you come to see me on _____ at _____. If this date is not possible, I shall try to arrange another time. I serve your child's school every _____.

I look forward to working with your child.

Thank you for your cooperation.

Sincerely yours,

Teacher of Speech Improvement

Check one and please return the form to the Teacher of Speech Improvement.

Dear

_____ I shall come to school to see you on _____ at _____.

_____ I cannot keep this appointment. I shall, however, be able to come on _____.

_____

TELEPHONE _____

INVITATION TO PARENTS TO CONFER: SPANISH

BUREAU FOR SPEECH IMPROVEMENT
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street
Brooklyn, New York 11201

_____
Teléfono de la escuela

_____
Fecha

Estimados Padres:

Un estudio cuidadoso del trabajo de su hijo(a) nos indica que él(ella) podría beneficiarse grademente tomando clases en el perfeccionamiento de la pronunciación inglesa. Por esta razón le he asignado para una clase el día _____ a las _____.

Desería contar con su ayuda para hacer mi trabajo más efectivo. ¿Podrían ustedes venír el día _____ a las _____ y ofrecer información y consejo que nos ayude a relizar nuestro propósito? Si esta fecha no es conveniente, podremos convenir en otra fecha.

Yo estoy en la escuela de su niño(a) todos los _____.

Espero poder ayudar a su niño(a).

Gracias por su cooperación.

Sinceramente,

_____

Marque el espacio correspondiente en el talonario y envíelo al maestro(a) especial de inglés (Speech Teacher).

Estimado _____:

Asistiré al la entrevista con usted el día _____ a las _____.

(Si no puede asistir este día, indique el día y hora en que puede venir.)

Nombre _____

Direccíon _____

Teléfono _____

SPEECH THERAPY PROGRAM CHECKLIST

In the Elementary School

☐ 1. At the beginning of your first day in each school, go to the general office. The school secretary will arrange to have you meet the principal. Present your letter of introduction from the Bureau for Speech Improvement to the principal.

☐ 2. Secure from the secretary:
Copy of organization of the school
Key for speech room
Speech materials stored with the secretary (check inventory)

☐ 3. Place a sign on door of your assigned room indicating that it is the speech room.

☐ 4. Post room assigned and day assigned in main office.

☐ 5. Check all speech materials stored in the speech room and elsewhere against the inventory and note anything missing.

☐ 6. Prepare a list of known cases, drawing from:
Principal's list
Waiting list (metal file box)
Record cards of pupils recently transferred to the school

☐ 7. When the list is complete, get the new classes of all pupils from cards in the school office. Note the room numbers for each class. (Sometimes this information is available in June and is already on the list in the metal file box.)

☐ 8. Some children may be listed provisionally in June for discharge in September. Before setting up the new speech program, test such children to reaffirm eligibility for discharge.

☐ 9. Group children homogeneously according to defect and age. (Use record book of predecessor as a guide.)

☐ 10. Prepare a new list for the principal. Keep a duplicate in the file box.

☐ 11. Prepare two copies of the program. Keep one in your record book and give the other to the principal.

☐ 12. Prepare a rexographed list of program and distribute to all teachers and staff members.

☐ 13. Fill out monitor cards.

☐ 14. If there is no monitorial system, ask a neighboring teacher to supply a monitor. Later, train monitors from speech groups.

☐ 15. Prepare the classroom for the children with regard to: proper ventilation, correct lighting, semicircular arrangement of seats, chalkboard, teacher's desk, orderly and accessible arrangement of needed materials, and attractive visual aids. During your second visit to the school, complete organization.

☐ 16. When you are ready to receive pupils, send for the group regularly scheduled for instruction at that particular time of the day.

☐ 17. Proceed with the orientation of speech classes as suggested in this handbook.

☐ 18. When you find that the groupings are functional, enter the names of the children in the Speech Teacher's Record Book.

☐ 19. If your case load is incomplete (caseload of 250 children), consult the principal for permission to request class teachers on all grade levels to send names of pupils with speech problems. If a school survey is necessary, continue with your tentative program and alternate testing periods each week. Start testing with the upper grades. Do not deprive registered pupils of speech lessons on consecutive weeks. Test at 9:00, 10:00, etc., during one week and at 9:30, 10:30, etc., the following week until you complete the screening.

In the Intermediate and Junior High Schools

☐ 1. Become familiar with school routines, length of periods, fire drill procedures.

☐ 2. Know who is responsible for distribution of supplies, rexographing, subject areas, grade levels, and discipline.

☐ 3. To program students, consult with the person in charge of organization, usually an assistant principal or chairman of English.

☐ 4. Since students may be scheduled for speech during minor subjects only, list all minor subject periods for each grade and class.

☐ 5. During screening, obtain programs from pupils who require therapy.

☐ 6. Because of the importance of motivating the adolescent, involve the student in planning his schedule. For example, elicit first and second choices and try to reconcile these requests with the policy of the school.

☐ 7. After screening, organize classes according to these programs as homogeneously as possible. Obviously, this will be more difficult than on the elementary level, and heterogeneous groupings will sometimes be inevitable. Try to speak to each youngster before programing him. If pupil agrees to leave a major, you may make this request of the school administration.

☐ 8. Set aside the first two weeks for screening the incoming grade. The speech program should then be set up to include the students from the previous year who still require therapy, those incoming pupils during the first two weeks, and those whose record cards have been sent from the elementary schools. If there are still classes to be screened, set aside one period a week for this purpose. (The speech clinic should function on a regular basis by the third week, even if classes are small. Students may be added to the speech groups as they are identified in the weekly testing. Students will report to the speech class without monitors. You may assign monitors to assist you before nine o'clock (with permission from the students' official class teachers) or to remind youngsters assigned.)

IMPLEMENTING THE PROGRAM

The success of the organization and implementation of the program will rest heavily on your ability to establish and maintain satisfactory professional relationships.

You will find it necessary to establish regular lines of communication with the principal, assistant principals, school secretaries, teachers, resource persons in the school, guidance counselors, parents, and custodial staff. Learn to recognize problems of other staff members and cooperate with them by viewing the speech clinic as part of the total school.

With the Administration

1. *With the principal:* The principal's liaison with you may be direct or he may have an assistant principal or chairman in charge of special personnel. Arrange a conference with the principal and/or the assistant principal when you present the principal's list to him. Invite the principal to visit the speech class during the term and, in particular, on special occasions.

2. *With the assistant principal:* When an assistant principal is in charge of attendance, report a pupil's absence to him in writing (check for special form in use). Call problem cases and pupils meriting commendation to his attention. Consult him before screening or sending announcements to the faculty.

3. *With the school secretary:* The school secretary should always know where you can be found. Post a program card indicating the speech room number and schedule in the general office. Inform her, *in writing*, of any change in routine. Enlist her help in locating pupils. It is wise to get the secretary's permission to use office files for this purpose. Ask her to put lists of transfers, discharges, and class changes into your mailbox. Speak to the secretary after signing the time sheet or clocking in *every time you enter each school.*

With the Staff

1. *With classroom teachers:* Establish rapport with other teachers. Attend faculty conferences when you are invited, and conduct indi-

vidual conferences *at least with teachers of stutterers and other difficult cases.* Note speech progress on the report card at each marking period. (See sample comments, p. 200.)

2. *With the supply clerk:* Find out when supplies are ordered and send in requests regularly at the proper time.

3. *With the mimeographing clerk:* Find out who is in charge of mimeographing and how much advance notice is required. Parcel out this work judiciously to all of your schools so that the burden does not fall on one school.

4. *With audio-visual personnel:* Know the person in charge. Ask for a list of materials available in the school and suggest speech materials not listed. Ask to be informed when special material is on loan to the school (e.g., a teletrainer). Request materials in writing in advance of the day they are needed.

With Guidance Personnel

To receive maximum cooperation from the guidance counselor, it is your responsibility to supply him with a copy of the principal's list and to consult him regarding speech students receiving special guidance. In addition, refer cases needing guidance to the counselor. In special cases, plan to have conferences with the counselor. The help of the guidance counselor is particularly valuable in securing additional information (e.g., hospital or agency reports) which would prove helpful in working with the child. If the guidance counselor is not assigned on the day you serve, telephone to say hello.

With Health Personnel

The help of the school nurse, physician, or hygienist should be sought for pupils with medical and dental problems relating to their speech. All referrals related to organic defects should be made with the knowledge of the school nurse. Notations concerning such referrals should be made by the nurse on the Pupil's Cumulative Health Record (104S) and on form 103S, if appropriate. Forms 104S, 103S, and other information the nurse may have concerning reports from private physicians are valuable sources of case history data for pupils with speech defects.

The speech teacher talks to a parent group

With Parents

Parent consultation is necessary to obtain needed background for your work with the child, to give the parent insight into the child's speech problem, and to secure parental cooperation. Appointments with parents are made at the invitation of the speech teacher, with the approval of the principal, or at the request of the parent. Conference time is appropriate for parent conferences. During Open School Week the speech teacher should make a special effort to meet the parents of all children in speech classes. It is advisable, too, for the speech teacher to speak at a Parents Association meeting. It is helpful to have mimeographed invitations, signed by the children, stating time and place of speech class.

Pupil report cards can be an effective means of communicating with parents. Enter comments on report cards under Oral Expression. These entries may be made in Spanish where necessary.

Suggested comments in English and Spanish follow:

English	*Spanish*
1. _____ is making satisfactory progress in speech.	1. _____ está progresando satisfactoriamente en la producción de sonidos correctos.
2. _____ shows effort and cooperation in the speech class.	2. _____ demuestra esfuerzo y cooperación.
3. _____ shows improvement in speech.	3. _____ demuestra mejoramiente en la producción correcta de sonidos.
4. _____ must practice speech drills with a mirror every night to help overcome his lisp.	4. _____ debe practicar sus ejercicios usando un espejo todas los noches para ayudarse a corregir la producción de sonidos.
5. _____ must practice speech drills with a mirror for at least five minutes every night.	5. _____ debe practicar sus ejercicios en la producción correcta de sonidos usando un espejo por lo menos cinco minutos cada noche.
6. _____ needs guidance at home in having his speech notebook checked.	6. _____ necesita que en el hogar se vea si su libreta de dicción está al día.
7. _____ must keep his speech notebook up to date.	7. _____ debe mantener al día su libreta con el trabajo sobre dicción.
8. _____ has not kept up with his speech practice drills.	8. _____ no ha practicado los ejercicios para la producción correcta de sonidos.
9. _____ cannot benefit from speech instruction unless he attends class regularly.	9. _____ no puede beneficiarse de la instrucción que se da en dicción si no asiste regularmente a clase.

PUBLICIZING THE PROGRAM

SUGGESTED OUTLINE FOR TALK TO FACULTIES
(approximately 20 min.)

To promote strong professional relationships, it is wise to introduce yourself and the program to faculties and parent groups. If you have spoken to the faculty previously, ask to speak to new teachers on the staff.

INTRODUCTION

Thank the teachers for their help and cooperation in the past, and tell them that without their help, the speech teacher cannot be successful.

BODY

1. Discuss the methods of selecting children for the speech class. Explain teacher referrals. Point out that even if the child cannot get immediate help, the referral assures a place for that child on a waiting list.

2. Describe the numbers and kinds of cases discovered in the school with a brief, nontechnical description of each type.

3. Mention scheduling conflicts and thank teachers for their understanding and cooperation when conflict affects them.

4. Cover these points:
   a. Why classes are organized homogeneously according to defect
   b. Why some young children are taken in the early grades while others are put on the waiting list
   c. Why ~~th~~ere are half-hour lessons
   d. Why CRMD and non-English-speaking children are not included

5. Explain specific ways in which teachers of other subjects can help children who are receiving therapy. The class teacher should:
   a. Encourage the child to be prompt, and assure him he is not missing important work by going to the speech class.

b. Note improvement.

c. Show interest in the speech assignment.

CONCLUSION

Discuss the classroom teacher's role as speech teacher for his class.

1. Learn to identify the "speech personality" of the class and then note common speech problems, such as inaudibility, rate, *th/d* substitutions.

2. Ask teachers to prepare lessons to help the whole class correct its general speech problems.

3. Explain how the manual *Toward Better Speech* can be used in planning these lessons for the improvement of the general speech skills of all students.

4. Volunteer to act as consultant to help plan these lessons. Mention the conference time allotted in your program and how teachers can use it for individual problems or class-related problems.

Provide opportunity for questions or comments from teachers.

OUTLINE FOR TALK TO PARENTS ASSOCIATION

INTRODUCTION

Welcome the opportunity to talk with parents about their children. Explain the general relation of speech skills to success in school, in social contacts, in employment.

BODY

1. Explain the importance of clearing up speech difficulties early so that bad habits can be eliminated more easily and traumatic experiences prevented.

2. Note that studies in the United States and Europe show that eight to twelve percent of pupils require speech therapy. (Indicate the school's own statistics: the number and grade as well as general types that need special speech help.)

3. Explain the general plan for speech correction in schools and note that bringing this service to the child and keeping him in a normal school environment is recognized as the best method:

   a. To coordinate services of all who can help

   b. To save time and effort on the part of the child and the mother who need lose no time in traveling

   c. To prevent a psychological problem of seeming to be "different" or "inferior"

4. Discuss what the parent can do for the speech-handicapped school child. Suggestions for the parent include these:

   a. Show interest but not anxiety.

   b. Praise accomplishments.

   c. Relieve tensions and prevent sibling ridicule (budget time and select TV programs).

   d. Give the child a chance to develop nonspeaking skills having social values.

   e. Make the child secure and wanted.

   f. Help the child to develop self-confidence and independence.

   g. Show interest in speech assignments. See that the child practices his speech homework daily.

   h. Plan to confer with the speech teacher during the school year.

5. Discuss what parent can do to prevent speech defects in preschool children. Some suggestions are these:

   a. Be careful not to set too high a standard.

   b. Help with security and independence by encouraging children to dress, feed, put selves to bed, be responsible for belongings, make contributions to family living.

   c. Give the child a chance to talk by *listening* to him. Stress the importance of talking to the child on *his* level.

   d. Set a good example of slow, easy speech.

   e. Be careful not to talk baby talk or laugh at the child's mistakes.

f. If the child hesitates, be careful not to show anxiety; supply the word, or give directions about correction. Introduce a momentary distraction, and then let the child talk.

CONCLUSION

For the child to develop important speech skills, home and school must work together to develop the whole child, mentally, physically, emotionally, socially.

1. Indicate your pleasure to talk with mothers about specific problems.

2. Suggest they make appointments for the conference period. Provide an opportunity for questions and discussion by parents.

TEACHING AIDS

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Match the Vowels. (Game) Chicago, Ill.: A. Daigger, 1966.

Mellencamp, Virginia. *Play It and Say It.* (Book) Magnolia, Mass.: Expression, 1959.

Michaelson, Elaine. *Sing and Say Speech Development for Children.* (Record) Pasadena, Calif.: Pacific Records.

Parker, Jayne Hall. *My Speech Workbook.* Danville, Ill.: Interstate Printers and Publishers, 1970.

Pathways to Phonic Skills. (Record) Chicago, Ill.: Scott, Foresman.

Phonics We Use: Learning Game Kit. Chicago, Ill.: Lyons and Carnahan, 1968.

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Sammy the Snake. (Filmstrip) Deal Park, N. J.: Communication Skills, 1968.

Say the Sounds. (Cards) Buffalo, N. Y.: Kenworthy Educational Service, 1967.

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Sounds Around Us. (Record) Chicago, Ill.: Scott, Foresman.

Sounds of My City. (Record) Chicago, Ill.: Scott, Foresman.

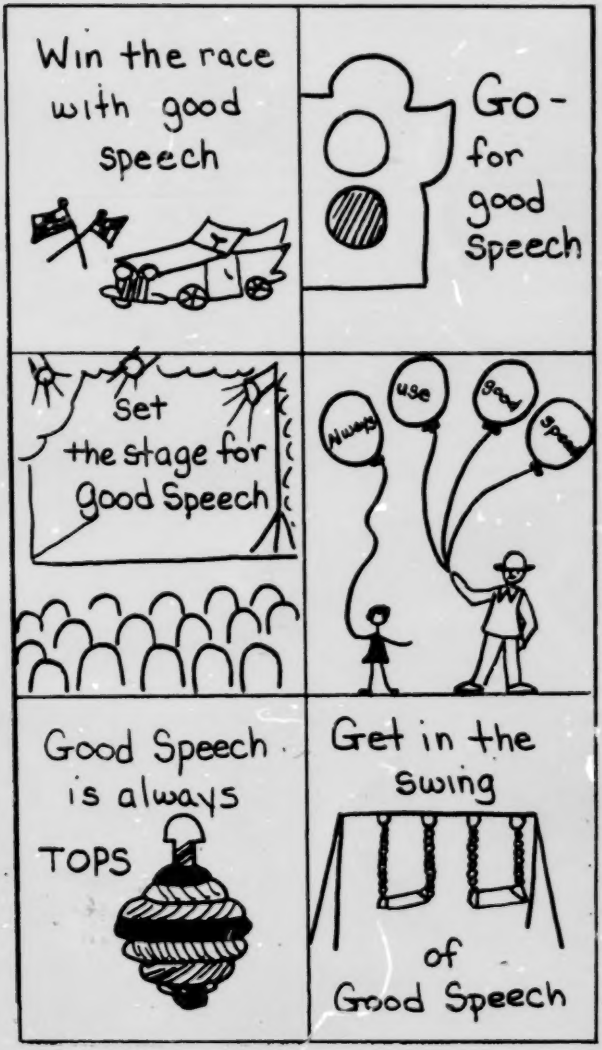
Sound Spinners. (Game) New Richmond, Wis.: Whitehaven Publishing, 1966.

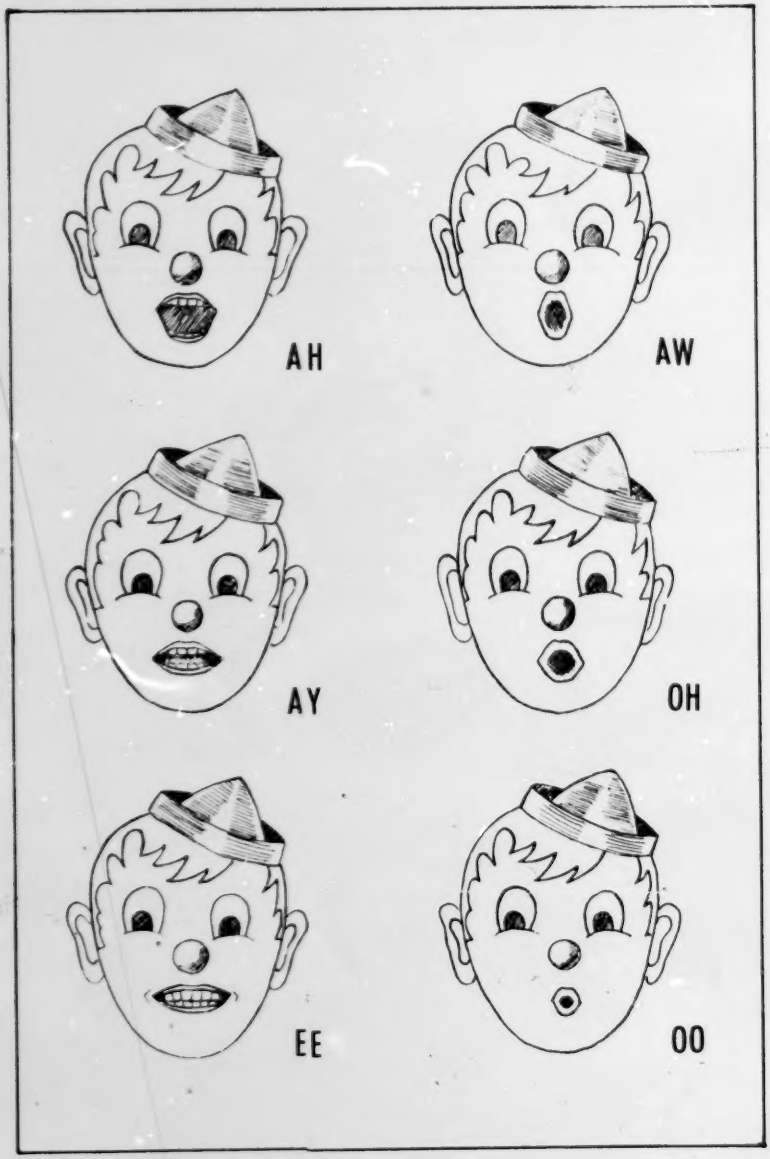
Spin It. (Game) Tulsa, Okla.: Speech and Language Materials, 1969.

Stimulation Cards and Conversational Stimulation Cards. Tulsa, Okla.: Speech and Language Materials.

Talking Time Series. (Filmstrip) New York: McGraw-Hill.

Sample Posters - Elementary School

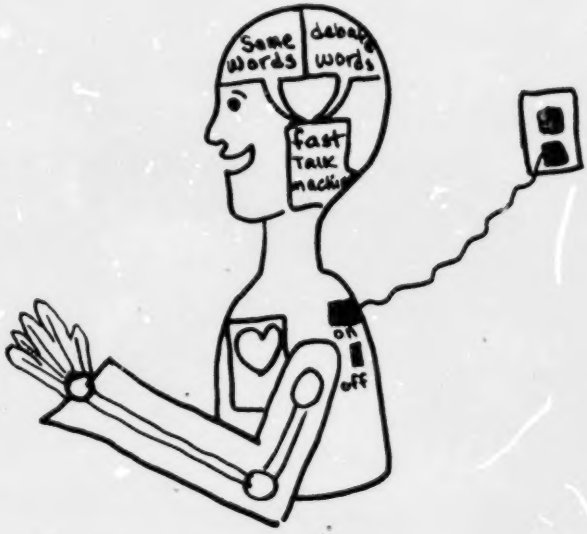



AH
AW
AY
OH
EE
OO

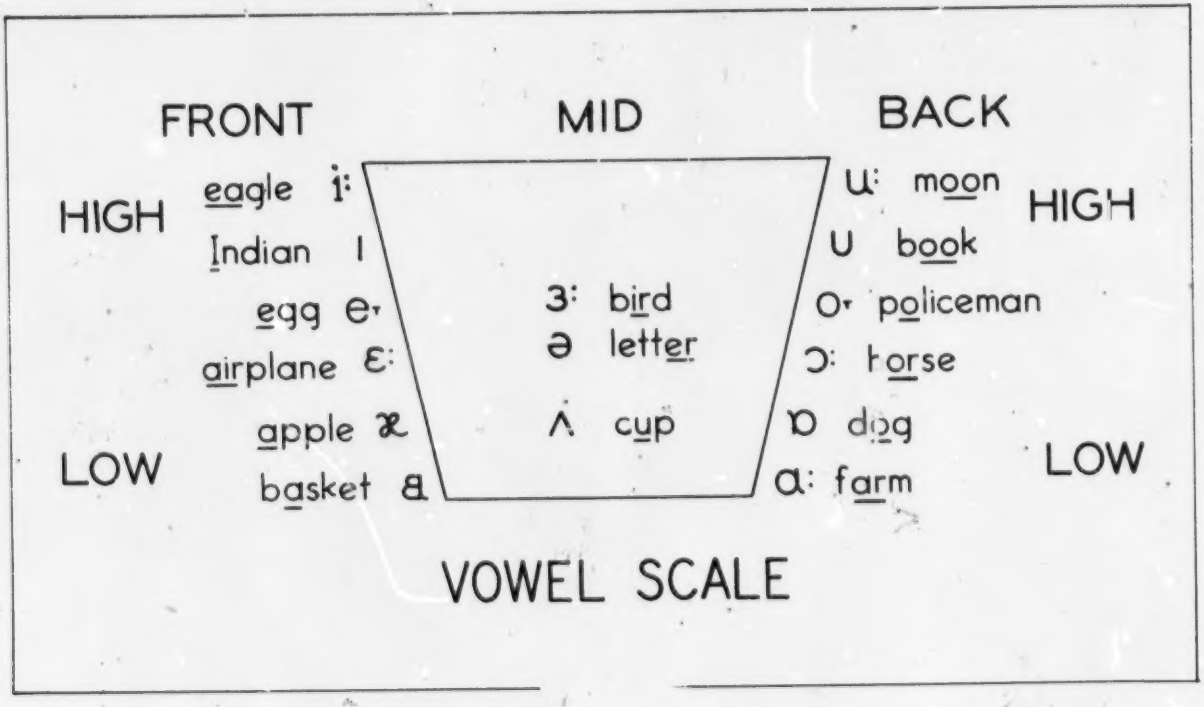
Sample Posters - High School
Watch your speed when Speaking
finish
These people need good speech
lawyer
Samples
Salesman
nurse
Secretary
newscaster
Don't You!

Sample Posters - High School

Don't be a mechanical or routine debater



Sample Voice Chart
Hello
Hello
Hello
Hello
whisper
conversation
classroom
assembly


FRONT
MID
BACK
HIGH
eagle i:
Indian ɪ
egg e
airplane ɛ:
apple æ
basket ɑ
3: bird
ə letter
ʌ cup
u: moon
HIGH
ʊ book
o policeman
ɔ: horse
ɒ dog
ɑ: farm
LOW
LOW
VOWEL SCALE

DIAGNOSTIC TESTING

Speech teachers may use all the diagnostic tools directly related to speaking, listening, and language. The tests listed in this section have been grouped in terms of the abilities and deficiencies they measure. In addition, psychological tests have been listed to familiarize speech teachers further with the areas they assess so that they can function competently as members of the total education team when evaluative decisions and discussions take place.

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ARTICULATION TESTS

Title	*Source*
Arizona Articulation Proficiency Scale	Western Psychological Services, Wilshire Blvd., Los Angeles, Calif. 90025
R. Goldman-M. Fristoe Test of Articulation, 1964	American Guidance Service, Circle Pines, Minn. 55014
Gross's Pronunciation Test for Dialect Speech	Mr. Gross, 650 West End Ave., New York, N.Y.
Hejna Development Articulation Test	College Printing & Typing, Madison, Wisc.
Laradon Articulation Scale	Western Psychological Services, Wilshire Blvd., Los Angeles, Calif. 90025
McDonald Deep Test of Articulation, 1964	Stanwix House, 3020 Chartiers Ave., Pittsburgh, Pa. 15204
Predictive Screening Test of Articulation	Western Michigan Univ., Continuing Education Office, Kalamazoo, Mich. 49001
Speech Improvement Cards, rev. ed., 1962	Scott, Foresman, Chicago, Ill.
Templin-Darley Tests of Articulation	State University of Iowa, Iowa City, Ia. 52240

AUDITORY DISCRIMINATION TESTS

Lindamood Auditory Conceptualization Test	Teaching Resources Corp., 100 Boylston St., Boston, Mass. 02116
Screening Test for Auditory Perception	Academic Therapy Publications, San Rafael, Calif.
Test of Listening Accuracy in Children	Mecham, Jex, and Jones, Brigham Young Univ., Salt Lake City, Utah

AUDITORY DISCRIMINATION ABILITY TESTS

Wepman Test of Auditory Discrimination	Language Research Associates, Chicago, Ill.
Schuell Auditory Discrimination Test	University of Minnesota Printing Dept.
Goldman-Fristoe-Woodcock Test of Auditory Discrimination	American Guidance Service, Circle Pines, Minn. 55014
Robbins Speech Sound Discrimination and Verbal Ability Imagery	Expression Co., Magnolia, Mass.

AUDITORY MEMORIZATION ABILITY TESTS

Title	*Source*
Gesell Three-Stage Command	*The First Five Years of Life*. Harper & Row, New York, N. Y.
I.T.P.A. Auditory Sequential Memory	University of Illinois Press, Urbana, Ill. 61801

INDICES OF ORGANICITY OR BRAIN DAMAGE

Bender Visual Motor Gestalt Test (ages 4 and above)	American Orthopsychiatric Assn., 1790 Broadway, New York, N. Y.
Bender Visual Motor Gestalt Test (ages 7-11)	Western Psychological Services, Los Angeles, Calif. 90025
Memory for Designs Test	Psychological Test Specialists, Missoula, Mont.
Psycho-educational Inventory of Basic Learning Disabilities (Valett)	Fearnon, Palo Alto, Calif.
Stanford-Binet (selected items)	Houghton Mifflin, Boston, Mass.
Wechsler Intelligence Scale for Children	Psychological Corporation, New York, N. Y.

LANGUAGE DISORDER TESTS

Verbal Language Development Scale	American Guidance Services, Circle Pines, Minn. 55014
Myklebust's Picture Story Language Test	Grune & Stratton, 111 Fifth Ave., New York, N. Y. 10003
I.T.P.A. Verbal Expression	University of Illinois Press, Urbana, Ill. 61801
I.T.P.A. Manual Expression	University of Illinois Press, Urbana, Ill. 61801
I.T.P.A. Supplementary Sub-tests (Auditory Closure; Sound Blending)	University of Illinois Press, Urbana, Ill. 61801

MENTAL MATURITY, COMPREHENSION, AND EXPRESSION TESTS

New York Child Development Scales (ages 4-7)	Board of Education, Brooklyn, N. Y. 11201
Peabody Picture Vocabulary Test	American Guidance Service, Circle Pines, Minn. 55014

Title	*Source*
Ammon Full-Range Picture Vocabulary Test	Psychological Test Specialists, Missoula, Mont.
Vocabulary Test of 1960, Stanford-Binet (Form L-M)	Houghton Mifflin, Boston, Mass.
Columbia Mental Maturity Scale	Harcourt, Brace & World, New York, N. Y.
Leiter Scale of Mental Maturity	Psychological Service Center, Washington, D.C.
I.T.P.A. Auditory Reception	University of Illinois Press, Urbana, Ill. 61801
Gesell's Action Agent Test	*The First Five Years of Life* (pp. 223-228). Harper & Row, New York, N.Y.
I.T.P.A. Visual Reception	University of Illinois Press, Urbana, Ill.
I.T.P.A. Auditory Association	University of Illinois Press, Urbana, Ill.
I.T.P.A. Visual Association	University of Illinois Press, Urbana, Ill.
I.T.P.A. Visual Closure	University of Illinois Press, Urbana, Ill.
I.T.P.A. Grammatical Closure	University of Illinois Press, Urbana, Ill.
Hiskey-Nebraska Test of Learning Aptitude	University of Nebraska: Lincoln, Neb. 1966.
Raven's Progressive Matrices Test	Psychological Corporation, New York, N. Y.
Goodenough-Harris, *Draw a Man Test*	Harcourt Brace Jovanovich, New York, N. Y.
Assessment of Children's Language Comprehension	Foster, Gidden & Stark, 577 College Ave., Palo Alto, Calif. 94306
Northwestern Syntax Screening Test	Northwestern University, Chicago, Ill.

MOTOR BEHAVIOR TESTS

Oseretsky Tests of Motor Proficiency	American Guidance Service, Circle Pines, Minn. 55014

SOCIAL MATURITY TEST

Vineland Social Maturity Scale	American Guidance Service, Circle Pines, Minn. 55014

VISUAL-MOTOR ABILITIES TESTS

Title	*Source*
Bender Visual Motor Gestalt Test (ages 4 and above)	American Orthopsychiatric Assn., 1790 Broadway, New York, N. Y.
Bender Visual Motor Gestalt Test (ages 7-11)	Western Psychological Services, Los Angeles, Calif. 90025
Frostig Test of Visual Perception	Follett Educational Corp., Chicago, Ill.
Strauss Marble Board	Strauss & Kephart. *Psychopathology and Education of the Brain Injured Child*, Grune & Stratton: New York, 1951.
Strauss and Lehtinen Picture Test of Figure Ground Discrimination	
Benton Revised Visual Retention Test	Psychological Corporation, New York, N. Y.
Block Design Test (W. I. S. C. Subtest)	Psychological Corporation, New York, N. Y.
Kohs Block Designs	Macmillan, New York, N. Y.
I.T.P.A. Visual Sequential Memory	University of Illinois Press, Urbana, Ill. 61801
Developmental Test of Visual Motor Integration (Beery and Buktenica)	Follett, Chicago, Ill.

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